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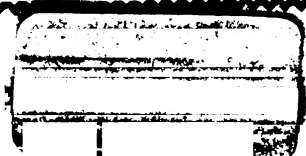
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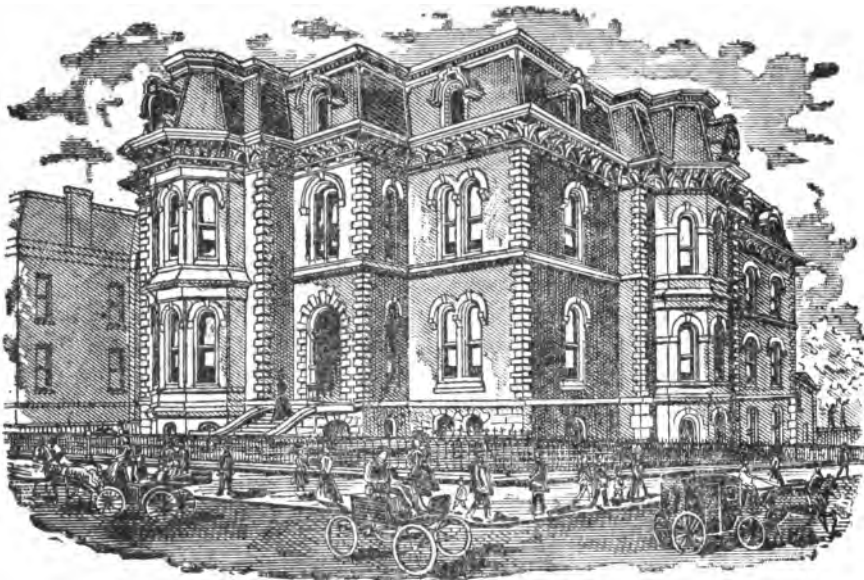
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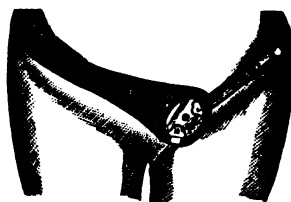
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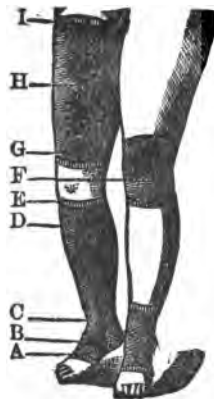


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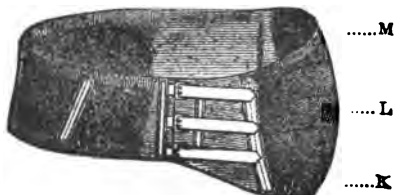
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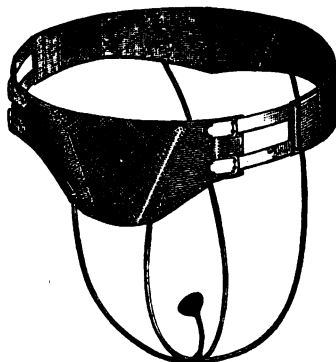
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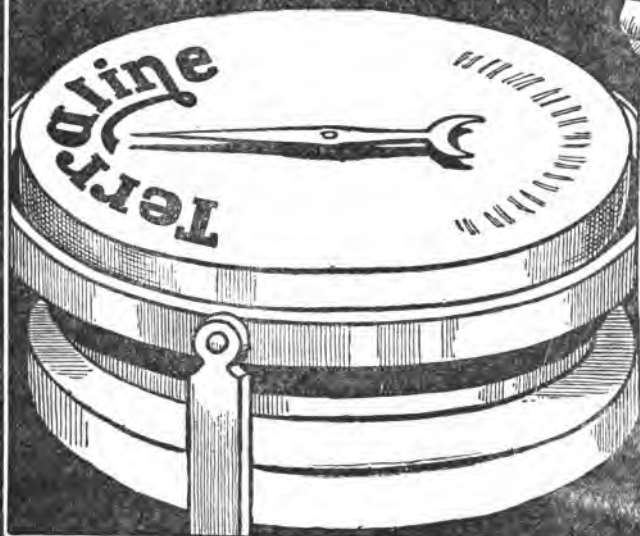
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Original Communications.

ADDRESS OF WELCOME.*

BY HON. JOHN M. BRIGHT, OF FAYETTEVILLE, TENN.

Mr. President and Gentlemen :

In behalf of our citizens we throw wide open our gates and doors and give you a hearty welcome.

We welcome you, because we recognize in you a learned, dignified and most useful body of professional gentlemen, who have come up from your respective fields of labor, animated with a common purpose to enrich your noble profession, and to disseminate your fresh acquisitions of knowledge gathered from your experience, investigation and practice.

*Delivered at Semi-annual Meeting of the Middle Tennessee Medical Association, at Fayetteville, Tenn., November 21, 1901, and published by request of the Association.

While it would be inappropriate for me, a non-professional, to attempt to school the grey hairs and heads that have been razored bare by time, which now confront me, yet I hope you will bear with me for a few suggestions. The science of medicine is a *great* science, universal in its scope and infinite in its variety.

It lays under contribution three kingdoms, the animal, vegetable and mineral, with their ten thousand affinities and combinations.

It is hoary with antiquity. The Egyptians, the Jews, the Greeks, the Persians, the Romans, furnished the head streams of the science, and they have sent their accumulating stores of medical learning down through the ages to the present time, and though medical science has made the most wonderful progress in the last few years, yet the science has not been exhausted, there are other depths and shoals to be sounded.

It is a great science and at every turn of its kaleidoscope new phases are presented.

....." Like heaven's glorious sun
It will not be deep-searched with saucy look."

Its mastery demands the greatest assiduity and profound study.

It has no place for the *quack* who is the contempt of the profession and the scourge of the people. It is said that he works like a blind man with a club on a defenseless people.

As the physician stands closer to the people than any other profession, he should not only be equipped with a liberal medical education, but he should possess all the elements and amenities of the perfect gentlemen. His genial presence should be an inspiration of confidence and hope to his patients. His profession secrets should be sacredly entombed in his memory. His services, obligations and duties are commensurate with the bounds of civilization. He moves with our armies to the field of carnage and death.

When our navy climbs the mountain waves bearing its nation's thunders to the end of the earth there we find the intrepid doctor.

When our merchant marine sweeps the seas and oceans, with its monster ships, laden with the nation's productions, we find the doctor on every deck. When the standard of the *cross* is

borne by the faithful and fearless missionary to the heart of the heathen lands, there is, the *pious doctor*. When our daring explorers steer their country's ark amidst the icebergs of the Arctic seas, along with them goes the *doctor*. In short, "wherever mankind and misery are found" there we find the *omnipresent doctor*.

In his local sphere he traverses hills and hollows, threads the streets of villages and cities, braves the drifting snows and scowling blasts of winter, the fervid heat and stifling dust of summer, and the fury of storms and floods; he plunges into the infection of hospitals and dungeons, breathing the exhalations from the hot beds of disease. But there is a crucial test of professional skill and courage.

When the destroying angel sounds the midnight alarm, when pestilence stalks forth, breathing mildew and death through its shriveled lips, and panic seizes the people; when lamentation and mourning fill the air, and death holds high carnival, then the physician who plays the dastard in the face of the appalling calamity merits the reprobation of his noble profession.

The Grecian Hippocrates encountered the great plague of Athens with matchless skill and dauntless courage, and thus achieved immortal fame and the gratitude of his country.

In like manner the Roman Galen with great skill and the sublime courage of the old Roman, stood in the breach and resisted the plague which was sweeping over Italy.

Gentlemen of the Medical Society after this glance at your obligation, in behalf of the people who are the objects of your professional benefits, I would write a lesson on the face of the heavens in letters of fire: *Be true and faithful to a confiding and suffering humanity.*

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ENTERIC FEVER.*

BY R. B. MACON, M.D., OF NASHVILLE, TENN.

The purpose of this paper is not to herald anything new in the treatment of enteric fever, but only to outline that which has met with the greatest success in the hands of those who have widest experience in the treatment of this disease. The object of treatment must be either to place the patient under the most favorable circumstances and let the disease run its course, to come to the rescue when there seems to be especial need or danger, to inhibit the growth or diminish the pathogenic energy of the infecting germ, to increase the powers of resistance of the infected organism, or to anticipate the development of antitoxic principles by their introduction into the body, and so to bring the morbid process to a speedy and fortunate close.

Prophylaxis—Investigation has shown that the specific organism of enteric fever, namely, the *Bacillus Typhosus*, described by Eberth, is capable under favorable circumstances of prolonged existence, both inside the body of a patient who has suffered with enteric fever and outside the human organism. Outside of the body it retains its vitality for a period of time varying with the surrounding circumstances. In water it lives for weeks, surviving longer in cistern and reservoir than when exposed to light. It has been shown that cultures cease to develop when exposed to the rays of the sun for several hours, thus retaining its vitality for a shorter period of time in running water; and cultures have been made after repeated freezing and thawing of several months' duration. It lives for months in dried fecal matter, and many local outbreaks have resulted from disturbance of privy vaults into which fecal discharges of patients suffering from enteric fever have been thrown several months or a year previous. It may live upon the surface of the soil and if the soil be frequently moistened it penetrates to a considerable dis-

*Read at Meeting of Nashville Academy of Medicine, Tuesday, January 14th, 1902.

tance and retains its vitality for months. There is no reason to believe, however, that typhoid bacilli may live indefinitely outside of the body, and it is highly probable were it not for their constant renewal from fresh cases they would become extinct. Enteric fever, therefore, in theory, is a preventable disease. The germs find access into the body principally through the drinking water defiled with sewage, or in contaminated milk; they may occasionally be inhaled, but are probably entangled in the secretions of the mouth or pharynx and swallowed. It is possible for them to be taken into the stomach with raw vegetables that have been washed with contaminated water. They find their way out of the human organism principally by way of the dejections from the bowels; also in albuminous urine, and occasionally in vomitus and expectorated matter. They are *not* eliminated by the skin or expired air. Enteric fever is not contagious in the ordinary sense of the term, but only communicable through the medium of the infected discharges, the infection of certain articles of food; and the intermediation of house flies may serve to explain some cases of seeming direct infection. The objects of prophylaxis are two fold; first, to prevent any patient ill with enteric fever becoming the focus from which the infection may spread; second, to correct faulty sanitary arrangements which lead to the pollution by fecal matter of water used for drinking and domestic purposes. The first of these two objects comes within the domain of the attending physician and can practically be accomplished in every case. The fecal discharges, the urine, the vomitus and sputa must be at once thoroughly disinfected; the fecal discharges should be received in a bed pan containing some disinfecting solution and the masses should be broken up with a stick which is immediately burned, and the contents of the vessel allowed to stand for several hours before it is emptied. The most satisfactory disinfectant perhaps is chlorinated lime, in the proportion of about six ounces to the gallon of water. Mercuric chloride, sulphuric or hydrochloric acid may be used, but are not as effectual; commercial preparations sold under various names are to be avoided. Thoroughly disinfected stools may be emptied into privy vaults without risk. A satisfactory method of disposing of the stools, especially in the country is my mixing with sawdust and burning the mass. There is

also danger of spreading the infection through the soiling of the patient's clothing and bed clothing by the fecal discharges, and when soiled they should be at once changed. If the fecal matter should become dried upon the articles they should not be shaken but moistened with some antiseptic solution, sent to laundry and boiled for half hour, aired and preferably sunned. A rubber sheet should protect the mattress. On the recovery of the patient the articles of furniture should be washed with bichloride solution, and in private practice the room should be aired a week or ten days before it is again occupied. During the prevalence of an epidemic all the drinking water and milk should be boiled. New comers into a community in which enteric fever prevails are especially liable to become infected and should observe every precaution in the way of boiling milk and water used for domestic purposes. Search should be made in every instance for the source of infection, sporadic cases occurring in the larger cities and defects in the water supply should be sought for. When, however, enteric fever occurs in local epidemics supplied by the same water or milk from the same dairy, the source of infection in such cases can often be worked out with very gratifying results and many local epidemics be cut short if proper measures are diligently pursued. The second object of prophylaxis, viz., the correction wherever they exist of faulty sanitary arrangements which lead to the pollution of the drinking water by fecal matter, falls within the line of duty of municipal and other local governmental organizations. Viewed from even the lowest standpoint, merely as a matter of economics, no expenditure of public funds could be more profitably made than in establishing a good water supply and satisfactory sewage. The money value of lost time, expense of support, nursing and incidentals which enteric fever incurs in a large city is something enormous, more than sufficient to correct the unsanitary condition to which the fever is due. These facts are well proven by statistics of cities taken before and after the establishment of pure water supply, etc., the citations of which are unnecessary here.

Treatment—General Management of Patient: The results obtained in the treatment of enteric fever are in a large measure due to the attention given to details of general management and

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the nursing of each individual case. It is important to see that the patient is not exposed to continued infection, and if the infection is thought to be in the milk or water the patient is receiving, other milk or water should of course be substituted. Private patients usually come under observation during the period of prodrome or early in the first stage of the disease. If there be even a suspicion that the patient is suffering from enteric fever he should be at once sent to bed, in case the illness does not prove to be enteric fever there is no harm done. If the diagnosis proves correct early rest in bed favorably influences the progress of the disease, the course of the disease being much more favorable and the mortality rate much lower when the attack is so treated from the first. Many cases remain up at work, trying, as they express it, to wear off their bad feelings, until forced to take their bed by the intensity of the fever, the urgency of the diarrhœa, or from sheer exhaustion. The fatigue of long journeys in order to reach home after the symptoms have set in is decidedly harmful. The patient should not be allowed to arise from the bed until some days after defervescence has been established. The use of the bed pan and urinal should be insisted upon from the first. These rules cannot always be maintained in cases of young children. The room should be large and well ventilated, unnecessary furniture and hangings should be removed, communicating rooms offer some advantage inasmuch as the bed, which should be a single one, can be transferred from one room to the other to allow ventilation of the vacant one. It is also desirable that the room be as far removed from street noises as possible. Too much stress cannot be laid upon the nursing and careful attention to details. The wants of the patient are to be quietly attended to without conversation or comment, and during the early stage of convalescence the visits of friends are to be restricted, and all matters pertaining to business are to be avoided. Patients who have shown the slightest indication of delirium should not at any time be left alone, though they are seemingly rational at the moment; suicidal impulses are not rare and more than one patient has in the brief absence of his attendant ended his life by jumping from a window or by other means. Fluid should be given freely, that is to say, in small quantities oft repeated, even though they do not call for it

if it be offered them they drink freely. Pure cold water is perhaps the best drink for this class of patients, occasionally a little barley water or jelly water may be substituted.

Diet: The food should be liquid throughout the attack, nourishing and easy of digestion. Explicit directions should be given the attendants as to kind, quantity and intervals of administration, the details of which are often overlooked, resulting in great detriment to the patient. Over-feeding results in indigestion, aggravating the intestinal catarrh; under feeding increases the asthenia and prolongs convalescence. On the whole, however, enteric fever patients are overfed. Milk forms the basis of foods best suited to fever patients; it is diuretic, as a rule easy of digestion, and supplies needed liquid to the tissues. If used alone an adult should consume from three to four pints during the twenty-four hours, varying of course with the particular case at hand. In cases, however, where milk is not properly digested it is better to vary the feeding with broths, or soups prepared from beef, mutton, chicken, or veal containing a little rice or barley, but always carefully strained. It occasionally becomes necessary to partially or completely peptonize the various foodstuffs before administration. One or two raw eggs per day beaten up in the milk is harmless and nourishing. Freshly expressed juice of partially broiled beef steak may be included in the diet. No solid food should be administered until the evening temperature has reached and maintained the normal for at least a week. Patients who are dull or stupid should be thoroughly aroused before food is given them in order that deglutition may be completed, thereby diminishing the danger of inhalation pneumonia.

Special Forms of Treatment: No drug or method of treatment is known by which enteric fever can be aborted. Many drugs have been lauded as being abortive, or as essentially modifying the disease, though none have stood the test of time. I will speak of the special forms of treatment under four headings. *First*, the so-called specific or causal plan. *Second*, the expectant, symptomatic plan. *Third*, the method of hydrotherapy, and *Fourth*, prophylactic and curative inoculations. No one or combination of these plans is ideal in its results, though statistics prove conclusively that by far greater percentage of

cases recover when treated by the method of Brand combined with the expectant symptomatic plan than by any other plan or combination of plans, prophylactic or curative inoculations. The satisfactory results obtained by this method of treatment in some other diseases and especially the results obtained from antitoxin in diphtheria have led various investigators to search for similar antitoxic principals in enteric fever, which if ever perfected, will of course be the ideal treatment of this disease. These investigations, however, have not at the present time revealed anything which is of especial value to the general practitioner.

Specific or Causal Plan : Bacteriologists and clinicians alike have labored in vain to find some drug possessed of positive curative properties comparable to quinine in malaria or mercury and the iodides in syphilis. Series of cases are occasionally reported as being favorably influenced or the death rate diminished by certain drugs or classes of drugs only to be disproven by larger series of cases treated in the same manner and by equally competent observers. The drugs usually selected for this plan of treatment have been germicide, which have been shown in the laboratory to have a destructive influence upon the bacilli of Eberth. Some have hoped to influence the disease by attacking the pathogenic germ in the intestinal canal and have practiced and lauded so-called intestinal antiseptics. Others have hoped to reach the germ by general antiseptics. That is, to cause certain drugs having antiseptic properties to be absorbed into the human organism; the fallacy of which at once becomes apparent, inasmuch as the host would much earlier yield to such measures than would the infecting germ. As to intestinal antiseptics it is very evident that they fall far short of their intended purpose for several reasons. Admitting that they have some effect toward antisepticising the intestinal canal, which I think is questionable, it has been demonstrated that the pathogenic germs do not appear in the stools earlier than the tenth day of the illness, and often not until the sixteenth or seventeenth day, and the theory is plausible that the bacilli to which the infection is due, have during the period of incubation even, entered the lymph structure of the intestines; and at the time which the symptoms manifest themselves are already growing in Peyer's patches, the

mesenteric glands, the spleen, the lymph elements of the liver, and other organs of the body. The toxins to which the symptoms are due are evolved from these bacilli as found in the various lymph structures and not in the intestinal canal. Keeping in mind the above facts, we naturally reach the conclusion that this class of remedies used as intestinal antiseptics fall far short of their intended purpose and are not to be administered as a routine measure in the treatment of enteric fever. It is equally true, however, that certain drugs of this class when given not as a routine measure, but as indicated in individual cases, favorably influence the gastro-intestinal symptoms.

The Expectant, Symptomatic Plan: I repeat, that this plan combined with the method of Brand constitutes at the present time the most rational procedure in the treatment of enteric fever. Absolute rest in bed, skilled nursing and carefully regulated diet comprise all that is needed in mild uncomplicated cases. In many cases there is a tendency to constipation, and treatment may, therefore, be commenced by the administration of laxative doses of castor oil or preferably calomel. After the end of the first week laxatives are not to be prescribed, constipation being then best relieved by enemata of luke-warm water or soap suds. These failing, enemata of glycerine or suppositories of glycerine may be used. Prolonged constipation is not by any means a sign of moderate intestinal lesions; on the contrary, deep ulceration may arrest peristalsis and cause constipation, therefore, I repeat, that laxative drugs by the mouth should be withheld after the end of the first or middle of second week for fear of detaching a slough and causing a fatal hemorrhage. The early headache requires no especial treatment as it usually subsides spontaneously at the end of the first week. The application of an ice cap or heat to the head usually suffices. If persistent or severe, a few doses of some of the coal tar derivatives cautiously administered and promptly withdrawn upon the relief of the symptom are not harmful. Insomnia of the first stage occasionally when persistent and exhausting calls for relief, and is best treated by bromides and chloral; recourse to opium should be had only when other hypnotics fail. Later in the course, however, opium becomes one of our best means in controlling prolonged sleeplessness and excitability. Somnolence, stupor and

delirium are best relieved by stimulants and external antipyretics. As a stimulant in these conditions alcohol meets its true field of usefulness, chloroform, spirits of camphor and hypodermics of ether serve as aids when rapid stimulation becomes necessary. Marked tremor out of proportion to other signs of nervous prostration is as Sir William Jenner has pointed out, an indication of deep ulceration of the intestine and calls for alcohol and opium in full doses. The nurse should frequently wash the mouth with water or some mild antiseptic solution, as tincture myrrh or boric acid, as by this means the dry mouth and fissured tongue may, to a great measure, be avoided. Vomiting is an unusual symptom of enteric fever. When it occurs early it is usually due to a lack of energy of the various secreting glands of the body, and by the administration of fractional doses of calomel and by the correction of, or withholding the diet for a short time, this symptom is usually relieved. When occurring late in the attack it is of grave omen and other indications of acute nephritis should be sought for. Diarrhœa—When the stools are of moderate amount and do not number more than three or four during the twenty-four hours no treatment is needed, but when they exceed this, efforts should be made to control it. The cause should be sought for and treated accordingly; error in diet is a frequent cause and the diarrhœa is usually relieved by the correction of the same. It may result from catarrhal enteritis, which is found in most cases. Bismuth just here acts nicely, or if there be marked peristaltic action it may become necessary to add small doses of opium. Excessive tympanitis is an indication for the administration of alcohol, as it is frequently associated with deep ulceration and sloughing, or profound general anesthesia with lack of tonicity of the intestinal walls as well as of the abdominal muscles. Hydrochloric acid and some active preparation of pepsin to correct the disturbed digestive fluids is serviceable. Turpentine taken internally and applied locally in the form of stupes is indicated in this condition. The careful introduction into the rectum of a long rubber tube will relieve the distention of the lower bowel.

Intestinal hemorrhage may occur in the early stage of the illness in consequence of the excessive hyperemia of the lymph follicles, and unless the patient be a bleeder is of not much

moment. When occurring later as a result of separation of a slough and the erosion of an artery it is of grave significance and calls for most prompt and energetic treatment. Hemorrhage is to be treated by absolute rest, withdrawal of food, even water should be given in very small quantities. Opium should be given at once, and if the hemorrhage be at all free, opium should be pushed to the physiological limit, preferably by hypodermic administration of morphine. Full doses of bismuth should be given. Ergotin may be given hypodermically to some advantage possibly. Gallic acid, turpentine, lead acetate, and the astringent preparations of iron have but little if any effect. Small enemata of iced water, and ice to the abdomen should be used. If the loss of blood is great, collapse threatening and there is reason to believe that hemorrhage has ceased, hypodermoclysis should be done. The diet should be restricted to a minimum quantity, and no effort should be made to move the bowels for at least ten days. Peritonitis may arise in the course of enteric fever as the result of the infection passing through the base of an ulcer without perforation. In other instances the sloughing of an ulcer that causes perforation is preceded by local adhesive peritonitis, thereby limiting the spread of the infection which may result in recovery. Peritonitis should be treated by full doses of opium, withholding the diet, and an ice bag to the abdomen upon the occurrence of perforation. During the stage of defervescence, or convalescence with the patient's strength fairly good an abdominal section should be done with a view to closing the rent.

These patients should be regularly reminded to empty their bladder, otherwise they often neglect it. Systematic examination of the chest should be made, thereby detecting complications early which might otherwise be neglected. Dicrotism and cardiac asthenia calls for the administration of alcohol and strichnine. Fever when moderate requires no especial treatment, yet prolonged high temperature with slight morning remissions is a grave omen, and suggests antipyretic treatment. Among the drugs which promptly reduce the fever, are the modern antipyretic analgesics, and especially antipyrine, acetanilid and phenacetin, and to a less degree sodium salicylate and quinine in massive doses. The pronounced fall of temperature following

the administration of such drugs is attended with profuse sweating, feeble action of the heart and grave nervous symptoms. The remission is of short duration and the influence upon the general course of the disease is anything but favorable. Therefore, such treatment has been wisely abandoned. Sytematic bathing admirably meets this condition and when properly carried out high temperature is rarely seen.

Method of Hydrotherapy: Currie, of Liverpool, as early as 1797, and Nathan Smith, of Yale College, about the same time advocated the use of cold water in the treatment of the fevers; their method was that of affusion and sponging. Their teachings were not generally accepted, although during the past century various forms of hydrotherapy have been employed in the fevers. It remained for Ernst Brand, of Stettin, to formulate a definite procedure for the treatment of enteric fever by systematic cold bathing. Brand's first publication upon this subject was made in 1861. For the next decade it made but slow progress. Within recent years it has been extensively employed in hospital practice, and at the present time is becoming very generally adopted in private practice. The mortality of enteric fever when treated by sytematic cold bathing as shown by statistics of large general hospitals is about 7 or 8 per cent.; whereas the most favorable statistics of other plans of treatment have never been reduced to less than 12 or 15 per cent., therefore, if by this method we can save six or eight lives out of every hundred suffering with enteric fever which must die if treated by other plans, we are certainly justified in undertaking it even though it be a little more trouble for the physician and nurse. The treatment as formulated by Brand stands by itself as a definite procedure not to be confounded with the treatment by graduated baths, the cold pack, cold affusion, sponging and other hydrotherapeutic measures. It is not to be regarded simply as an antipyretic measure. An outline of the method is as follows: The patient receives a full bath every three hours when the axillary temperature exceeds 101.5° F. The temperature of the water should be 65 or 70° F. Patient is stripped and lifted into the tub, which is placed at the side of the bed. An ice cap is to be immediately placed upon his head. The attendants are to continually rub him while in the bath, and he should be en-

couraged to rub himself; the rubbing should not be deep massage but of the light friction kind. Upon entering the bath they should be given a half to an ounce of whisky. In cases of moderate intensity the bath should be prolonged for a period of about fifteen minutes and longer if temperature is excessive. Upon entering the bath the respirations are suddenly deepened. After the first shock the sensation is for a time more agreeable. Within eight or ten minutes the patient begins to shiver and becomes slightly cyanotic. At the end of the bath he is wrapped in a sheet and blanket for a few minutes until reaction sets in, after which his night dress is put on, and he receives some nourishment and usually falls into a quiet and refreshing sleep. The good effects of the bath may be summed up as follows: 1. They are antipyretic without being attended by the unpleasant and even dangerous symptoms produced by drugs which have this property. 2. They improve the nervous symptoms, diminish mental dullness, stupor, muscular tremor and induce sleep. 3. They strengthen the heart, thereby obviating the danger of circulatory collapse, and the consequence of increasing cardiac weakness. 4. They stimulate respiration, inspiration is deepened, the lungs more thoroughly expanded and pulmonary complications lessened. 5. The functions of the kidneys are benefited, thereby eliminating more of the toxins. 6. They stimulate the action of the skin and lessen the danger of bed sores. 7. They hasten convalescence. The contra indications are. 1. Intestinal hemorrhage which, as before stated, calls for absolute rest. After an interval of some days the baths may again be resumed. 2. Peritonitis for the same reasons is an indication for the withdrawal of the baths. 3. Cases which come under observation late in the illness with pronounced cardiac asthenia should not be subject to this plan of treatment.

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BY DEERING J. ROBERTS, M.D., OF NASHVILLE, TENN.

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While the advances in gynecology have done so much to alleviate female suffering and prolong the life of women, there yet remains a large number of cases that cannot be relieved entirely by operative procedures or the most deft and experienced tactile manipulation; and it is in these cases where a nerve tonic, an anti-neuralgic and anti-spasmodic having special relations to the uterus and its appendages is so much needed, that this valuable combination has obtained a recognition by many of the ablest and most successful clinicians.

Being absolutely free from all *narcotics*, and safe under all conditions, having no deleterious after effects, and yielding the most satisfactory results in so many instances it has proven most gratifying to both physician and patient in almost innumerable instances. For the past twenty years its results in our hands in relieving alone so promptly and efficaciously the many unpleasant conditions attending the menopause, have been remarkable. In addition, we have found it most efficacious in both menorrhagia and dysmenorrhœa, when operative or manipulative measures were contra-indicated or ineffectual. In quite a number of cases of these truly unpleasant symptoms, especially in young and unmarried females it has proved of marked value.

As an antispasmodic and sedative to the nervous system it has also been of material service on many occasions in relieving cramp colic, the pains of cholera morbus, indigestion and functional disturbances of the alimentary canal, quite as promptly

as any of the alkaloids or preparations of opium or the various analgesic coal-tar derivatives, and without *any* of their deleterious after-effects. Composed of the active principles of *Viburnum Opulus*, *Dioscorea Villosa*, *Scutellaria Lateriflora*, and combined with Aromatics in a special manner, making a most elegant and by no means unpleasant pharmaceutical it is well worthy the high esteem in which it is held, and the many encomiums passed upon it by leading practitioners throughout the country.

Speaking of the *Viburnum*, Bartholow in his latest edition of *Materia Medica and Therapeutics** says: "It is in high degree probable that the *Viburnum Opulus* is more effective than the *V. Prunifolium*."

From his statement of the action and uses of *Viburnum*, we quote: "In *uterine colic* and after pains there are numerous reports of its good effects. It has also proved useful in the pains of *dysmenorrhœa*. Experience has shown that it acts more efficiently when administered for some days—a week or more—in anticipation of the menstrual flow. According to Jenks, Monelar, and others, it is a remarkable remedy for the *menorrhagia* of the menopause. In a variety of uterine maladies accompanied by excessive and too frequent menstrual flow this remedy is held to be an efficient agent for relief."

S. O. L. Potter, M.D., in his latest edition of *Materia Medica, Pharmacy and Therapeutics** says: "*Viburnum Opulus* is highly valued by many practitioners as a remedy for uterine and additional pains."

From the same author we quote as follows in regard to *Dioscorea Villosa*. "It contains an acid resin, and is reported to be expectorant and diaphoretic in action, as well as stimulating to the intestinal canal, and in large doses to cause general neuralgic pains with erotic excitement. It is used with great success in bilious colic; and in the cramps of *cholera morbus*, spasmodic hiccough, *dysmenorrhœa*, and nocturnal emissions of sthenic type it is said to be very efficient."

*D. Appleton & Co., 1899, p. 365.

*P. Blakinston's Son & Co., 1901, pp. 525.

*Op. cit. p. 306.

*Op. cit. p. 478.

He further states in reference to *Scutellaria Lateriflora*.* "By some practitioners it is said to have tonic, nervine and anti-spasmodic powers, and it has been used in domestic practice to calm the nervous system in diseases characterized by restlessness, tremors, spasms, twitching of the muscles, hyperesthesia, etc., as chorea, delirium tremens, nervous exhaustion from fatigue of over-excitement, hydrophobia, hysteria and epilepsy."

The peculiar method of preparing this now well known combination, resulting in a most elegant pharmaceutical specialty, together with the effects of the various drugs entering into the combination have very justly resulted in its almost universal commendation—in fact we might well say, unanimous endorsement by all thorough, practical and observing practitioners who have given it a trial.

Dr. H. Marion Sims in his notes and additions to *Diseases of Women* by Grailly Hewitt, vol. 11, says:

"For severe Dysmenorrhœa, I have frequently found Hayden's Viburnum Compound of great service, given in teaspoonful doses every hour for three or four hours."

Charles W. McIntyre, M.D., of New Albany, Ind., in an article on Dysmenorrhœa has the following:

"For the past ten years I have depended entirely upon Hayden's Viburnum Compound to relieve these painful periods and it has never proved disappointing to me. In the neuralgic and spasmodic types of dysmenorrhœa its action is most speedy and the relief is thorough. In all other types of dysmenorrhœa it is the best anodyne I have ever employed, and its relief is very prompt and it is not attended with any bad after effects as is the case when opiates are used. Hayden's Viburnum Compound has therefore become an indispensable part of my therapeutic armamentarium.

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Abstracts.

THE TREATMENT OF SYPHILIS, WITH SPECIAL REFERENCE TO THE BEST METHODS OF ADMINISTRING MERCURY.*

BY WINFIELD AYRES, M.D.,

Genito-Urinary Surgeon, Bellevue Hospital, O. D. P., New York; Instructor in Genito-Urinary Diseases in New York University and Bellevue Hospital Medical College; Instructor in Genito-Urinary Diseases in the New York Post-Graduate Hospital, etc.

The author calls to mind the facts that mercury has been used in the treatment of syphilis for over 400 years, and there are few physicians, to-day, who do not use it in some form. Although the method of treatment with mercury is still discussed, he is firmly of the opinion that there is no hope of eradicating the disease unless the full dose is given constantly for something like three years. The treatment should begin just as soon as the diagnosis can be made. There is no ground for supposing that enucleation of the chancre has the effect of aborting the disease. If a positive diagnosis cannot be made from the appearance of the initial lesion, general tonic treatment should be instituted.

In some cases the protiodide controls the symptoms, but in the majority it is of very little use. Experiments with Mercurool were conducted at Bellevue Hospital, for eight and a half months, with 190 cases; the histories of 95 of these are recorded. The remainder could not be kept under observation and are therefore passed over. The dosage of the Mercurool, regulated either by reaching the point of tolerance or control of the disease, varied from one-half to six grains. In 64 of the 93 cases the disease was controlled as follows: In two weeks, 8; three weeks, 12; four weeks, 14; five weeks, 6; six weeks, 5; seven

*Abstract of an original paper by the author in *The Lancet* (London, Eng.), October 19, 1901.

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weeks, 2; two months, 8; ten weeks, 2; three months, 5, and four months, 1. The remainder are marked thus: Decidedly improved, 17; improved, 8; no improvement in two weeks, 3; no improvement in four weeks, 1; and no improvement in three months, 2. The latter were all dispensary patients and it is uncertain whether they took their medicine regularly.

The writer states that his plan was to increase the dose steadily from one grain until the symptoms were controlled, or until there was a slight tendency on the part of the teeth and gums to become tender. If the symptoms were not controlled before the physiological effect of the Mercuriol made itself felt, small doses of potassium iodide were added, and in every case where the Mercuriol was taken according to directions, with the exceptions noted above, the symptoms were controlled.

In 67 out of the 95 cases tabulated, no other medicine than Mercuriol was given. In 15 out of the remaining 28, the addition of iodide of potassium was found to be sufficient to control the disease, while in 6 others the addition of an iron tonic sufficed for this purpose.

The cases are not reported at length, but a few of the more remarkable results and some cases in which other medicines failed to control the disease are briefly mentioned.

CASE 1 had been taking bichloride for one month with very little improvement. Under Mercuriol, three grains maximum dosage, the symptoms were under control in five weeks.

CASE 2 had been under biniodide of mercury (one-sixteenth of a grain) and potassium iodide (five grains), which caused iodism. His symptoms were controlled in one month under half a grain of Mercuriol.

IN CASE 3 unguentum hydrargyri had failed to control the disease. The patient was put on Mercuriol and the dosage pushed up to six grains three times a day. The disease was thoroughly under control in seven weeks.

CASE 4 had been on three-eighths of a grain of biniodide of mercury and twenty grains of potassium iodide for two months. The medicine caused nausea and vomiting. Having been put on Mercuriol and the dosage gradually increased to five grains three times a day, the symptoms were controlled in three weeks.

CASE 5 had been taking hydrargyrum bichloride (one-twelfth

of a grain) three times a day, under which an eruption on his face had faded, but the eruption on his body still persisted. His symptoms disappeared in two weeks under a maximum dose of three grains of Mercuriol three times a day.

CASE 6 had been on bichloride of mercury (three-sixteenths of a grain) for three months, in spite of which he had palmar syphilide of an eczematous variety. All appearances of the disease disappeared after he had been one month on Mercuriol, his maximum dose being three grains three times a day.

CASE 7 had been taking one-quarter of a grain of Mercuriol and fifteen grains of potassium iodide, with the result that the eruption had decidedly improved, though not to the extent that it should have done. There were thickened red patches on the face, covered with scaly eruptions. The symptoms almost entirely disappeared within three weeks under a maximum dosage of five grains of Mercuriol three times a day and fifteen grains of potassium iodide.

CASE 8 had been treated with inunctions of mercury, under which the eruptions disappeared, but the pains in the bones still persisted. He was relieved in three weeks under a maximum dosage of four grains of Mercuriol three times a day.

CASE 9 had been taking other forms of mercury for six months. The form which had done him most good was bichloride. Yet one-fifth of a grain did not entirely control the disease. He had been taking that for two months when he was placed on Mercuriol. The dosage in his case was pushed up to six grains three times a day, and at the end of seven weeks all his symptoms had disappeared.

CASE 10 had been taking medicine off and on for two years, but his symptoms never disappeared entirely. After being two weeks on Mercuriol (two grains three times a day) with the addition of potassium iodide, all symptoms had disappeared.

Ayres, in conclusion, states that he uses Mercuriol in his private practice to the exclusion of all other drugs. His experience is that he gets better results. He has found no form in which mercury can be given with such good results as in that of Mercuriol.

Clinical Reports.

THE BEST ALKALINE WASH.

BY W. HARPUR SLOAN, M.D.,

Chief of Ear Department Medico-Chirurgical College, Philadelphia, Pa.

There are many alkaline preparations on the market that are used daily with varied results in conditions where such a preparation is indicated. I have tried most of them in all conditions and after an impartial trial, I am compelled to say that the preparation known as Glyco Thymoline made by Kress & Owen Company, stands at the head of the list; its formula is one that would commend its use, the ingredients being of an antiseptic and non-irritating nature.

Having formed this opinion of Glyco Thymoline I have concluded to report a few clinical cases where it has given me good results.

CASE 1.—M. L., age 23, came under my care suffering with a distressing case of Ozena. The turbinated bones on both sides of her face presented a condition of marked atrophy; there was a complete loss of smell and taste and a formation of crusts in the nasal chamber; the stench of same was foul. She complained of continual headache and other symptoms of a depleted and run down system. I placed her on a tonic of iron, arsenic and strychnia, internally; locally I ordered the use of Glyco Thymoline in a Birmingham Douche three times a day, diluted. After a month's treatment the crusts had ceased to form; there was a complete restoration of taste and a slight return of smell, the general health was much improved, and the patient herself well satisfied with results.

CASE II.—C. A., age 8 years, came to me suffering with a severe Otorrhœa following scarlet fever. There was a mucopurulent discharge from both ears that rendered the child completely deaf; the auditory canal was excoriated and sore, and

the general health below par. I used cod liver oil internally, and syringed the ears three times a day with Glyco Thymoline. At the end of one month the discharge of pus had stopped; the hearing much improved and the child's general health very much better.

CASE III.—J. W., age 25 years, came under my care suffering with an aggravated case of Cystitis, which had been treated by several of our best physicians without much improvement. He had great pain in the region of the bladder and the loins, which became worse on urination; heavy deposit of mucus and some blood in the urine made his condition still more distressing; his temperature was 100, which would rise a degree during the periods of pain. I used the usual treatment for such cases without positive results, when I thought of irrigating the bladder with Glyco Thymoline (diluted). This I did once in the twenty-four hours, at the same time giving him Glyco Thymoline internally in teaspoonful doses every three hours. For the first two days I did not see much improvement; on the third day there was no blood in the urine and less mucus. I continued this treatment for two weeks, when I discharged him cured.

CASE IV.—J. H., age 35 years, consulted me for Pruritus Ani which had troubled him for several years; his business compelled him to sit the best part of the day. He had used various ointments, prescriptions, etc., for this troublesome affection with only temporary relief. At his first visit I ordered him to bathe the rectum twice daily with castile soap and warm water, then to apply Glyco Thymoline half strength to the parts. After persisting for a time, the swelling and severe itching were lessened and then left him altogether.

THE usefulness of GOOD Hypophosphites in Pulmonary and Strumous affections is generally agreed upon by the Profession.

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Selections.

AN IDEAL NUTRITIVE.—In the *American Therapist* of September last, Leffingwell Hatch, B Sc., M.D., F.R.M.S. (London), Late Professor of Laryngology in the New York Clinical School of Medicine, and Laryngologist to the German West Side Dispensary has a very excellent article on “Trophonine, An Ideal Nutritive in Phthisis Pulmonalis,” from which we make the following extract :

“Trophonine is a liquid preparation of albuminoses and enzymes of digestive glands, to which have been added organic iodine, phosphorus, iron and manganese. It is of a dark-brown color, and has a warm pleasant taste, not unlike that of an old Maderia wine, or a cordial, which gives a stimulating effect as soon as imbibed. The albumins are prepared from beef, nucleo-albumin from lymphoid structures and gluten of wheat; these are combined in such proportions that they form a perfect food, and being acted upon by the enzymes form a solution of anti-peptones, hemipeptones, and peptones. It will at once be seen that a food of this sort is ready for assimilation immediately upon its entrance into the digestive tract without necessitating further chemical action.

Being concentrated it furnishes the largest amount of nutriment in the smallest amount of material, and gives the greatest amount of force with the least expenditure of energy.

It is palatable and non-irritating to mucous membranes, so that it can be borne with ease by stomachs that reject the approach of nearly everything else, and as it is pre-eminently ready for complete absorption it leaves no residue in the intestinal tract to undergo fermentation or foster pathogenic micro-organisms.

Its action is stimulating to the muscular, nervous, vascular, glandular, osseous, and digestive systems, upon which it acts directly. It nourishes the mucous membranes of the stomach, so that vomiting, which is due to gastric irritation, is allayed.

It causes an increase of the number of corpuscles of the blood and enhances their vital value by increasing the amount of hæmoglobin in the red and nuclein in the white, the leucocytes thus furnished with a rich pabulum are stimulated to activity to cope with any eliminative duty that may be forced upon them. In one word, it covers the whole field of nutritive therapy.

There probably is no disease in which feeding plays so important a role as in phthisis pulmonalis. Here it is not only the quality but the quantity that has to be looked after, and hyper-alimentation, be it in the form of raw meat, expressed beef juice, fresh blood, cod liver oil, etc., is usually pushed *ad nauseam* to the limit.

Another factor that helps to reduce the digestive power of the stomach in these cases is the exhibition of large doses of creosote over great lengths of time, the mucous membrane becoming literally seared and the acid and peptic glands dried up. It is at once patent that a food that is already digested, and which is soothing to an inflamed mucous membrane, would be most acceptable in a case like this.

I have treated a large number of consumptives, and have tried all sorts of artificial foods as well as the usual natural ones, but have never found anything that gave such wonderful results in the way of nourishment and gain in weight as trophonine.

Out of fifty-three cases that came under my care during the past year nine were given trophonine in conjunction with their normal diet, and in every instance there was a gain in weight and improvement in the physical condition.

Especially in cases where the throat is involved it is of value; when deglutition becomes almost impossible, trophonine can be swallowed because it soothes the inflamed parts as it passes over them.

Trophonine can also be given *per rectum* and is retained with ease on account of its non-irritating nature.

From the results I obtained in these cases I am convinced that trophonine is the best adjuvant to the patient's regular diet in phthisis."

He commends Mr. John Carnrick for his valuable efforts in developing artificial foods, and says that he has "struck the keynote in Trophonine." He concludes with a clinical report

of nine cases, whose satisfactory results are on the same line with a few of like character in our own hands. Trophonine contains besides the nutritive elements of beef, gluten of wheat and nucleo-albumens, the enzymes of the digestive glands.

SANTONINE.—This drug which has generally been looked upon only as a reliable anthelmintic and very seldom thought of except in certain forms of verminous trouble, is now found to possess a much wider range of action and to be of special value in the treatment of epilepsy and the pains of locomotor ataxia. The physiological action of this drug is markedly upon the nervous system; taken in large doses, producing great weakness, tremor, perspiration, coldness of the extremities, vomiting, and not infrequently quick, sharp convulsions, terminating in death from paralysis of respiration.

The effect upon the vision is very marked; at first, everything appears blue, which speedily turns to a greenish yellow, which may be followed, if large doses have been taken, by total blindness, lasting a week or more. The physiological action of this drug is so marked in its effect upon the nervous system that we obtain a clue to a remedial agent of great power in influencing general changes of nervous sensibility. In its action we have an excellent reproduction of the symptoms of epilepsy and the pains of locomotor ataxia, and Lydstone claims that he has obtained better results from it in epilepsy than from the bromide treatment. The dose recommended in these cases is two grains three or four times a day, gradually increasing to fifteen grains at a dose, if that amount is well borne. In the fulgurant pains of locomotor ataxia we have given two grains three times a day with better results than from any other drug, the pain almost entirely disappearing while under its influence. Studying the action of drugs, from the dual standpoint, there can be no doubt of the wide range of action of santonine on the nervous system and its great value in many other diseases.—*N. Y. Med. Times.*

THE MISTLETOE IN MEDICINE.—In an editorial under this title in the *New York Medical Journal* it is said:

“Apparently a new medicinal property has been discovered

in the mistletoe by M. Deguy, who began his investigations four years ago in the hospital service of M. Huchard and that of M. Labadie-Lagrave. It is in cases of albuminuria that M. Deguy thinks he has found the plant useful. He gives daily one or two claretglasses of a filtered infusion of the plant in white wine, or the powder in daily amounts of from 15 to 30 grains, but he prefers the extract made into pills, with the addition of a little tannin, each pill containing $1\frac{1}{2}$ grains extract, and five or six pills to be taken daily. When, under the influence of a milk diet, he says, the percentage of albumin in the urine has been brought as low as that diet is capable of rendering it, a still further reduction is attainable by the use of mistletoe. Moreover, if the drug is employed concurrently with the milk diet from the outset, the diminution of the amount of albumin voided with the urine seems to be hastened. The impression he has acquired from comparative observations of different attacks in the same patients."

CHLORATE OF POTASH FOR PARIS GREEN POISONING.—Dr. W. C. Whiting, of Cochesett, Mass., writes as follows to the *Medical World*:

"Allow me to call attention to the efficacy of chlorate of potash in cases of poisoning by Paris green. In nine recorded cases I have not had one which proved fatal, though the quantity of poison ingested varied from one teaspoonful to half teacupful, the latter quantity producing inflammation of stomach and bowels (acting as a cathartic) and, of course, requiring subsequent treatment suitable to those conditions. I have not seen any account of the use of chlorate of potash in Paris green poisoning in the text-books or medical journals; so I have taken the liberty to mention it, as it is nearly always at hand, whereas it is not always an easy matter to obtain hydrated sesquioxide of iron freshly prepared. I used a saturated solution of the potash (4 to 6 ounces) at frequent intervals as long as the matter returned from the stomach shows any signs of the poison. The color of the poison will be changed to a very dark brown or black by the potash. I am not sure of the chemical changes which take place, and would like to be informed. I am sure of the effect."

METHYLENE BLUE IN OTITIS.—According to Prof. H. Gaudie, (*La Sem. med.*, xxi, No. 43.) installations of a warm 2-per-cent. solution of methylene blue (medicinal) into the auditory canal render excellent service in the treatment of certain chronic forms of otitis media, especially in fetid otorrhea of children. The method employed is as follows:

After having cleansed the canal by means of a warm soap and water injection, the patient turns his head to one side, and 15 to 20 drops of the solution mentioned above are instilled into the ear. This procedure lasts five minutes, and during this time the patient performs the maneuver or Valsalva; that is, he makes a forced expiratory movement, while keeping nose and mouth closed. Air is thus forced into the ear, and the methylene blue passes from the canal into the tympanic cavity. Nine old cases, with perforation of the tympanum, treated in this manner, showed marked improvement. The deodorizing properties of methylene blue render it superior to other antiseptics, and the purulent discharge diminished under the influence of the remedy more rapidly than under other treatment.

In ordering methylene blue, emphasis should be laid upon getting a pure medicinal article, as there is a dye on the market of the same name.—*Merck's Archives*.

Editorial.

SIXTY-NINTH ANNUAL MEETING OF THE TENNESSEE STATE MEDICAL SOCIETY.

The following Preliminary Announcement from the Secretary, together with the Communication from the Committee on County Societies has been sent out. It needs no comment at our hands, other than a request that our Tennessee readers kindly give it careful consideration and act promptly thereon:

NASHVILLE, TENN., February 1, 1902.

DEAR DOCTOR:

The sixty-ninth annual session of the State Medical Society will be held in Memphis, April 8-10th.

The membership of the society now numbers more than four hundred

and the meetings are constantly growing, both in attendance and scientific interest.

The Memphis meeting will be the most important one held in many years. The following amendments to the constitution will come up for final action and every member should be on hand to lend his counsel and express his judgment as to the advisability of their adoption:

1. "The State Society to be known as the home or parent society with three branch societies to be designated the East, Middle and West Tennessee branches of the State Medical Society.

"The parent society to meet annually in Nashville on the second Tuesday in April.

"The branch societies annually in September, October or November at such places as may be elected.

"The membership fee and annual dues to be \$3.00, \$2.00 of which shall belong to the parent society and \$1.00 to the branch society. (See Transactions, pp. 22, 23 and 24).

2. "To establish a journal to be known as *Tennessee Medical Journal*, which shall be published monthly in the city of Nashville, the proceedings and all papers of the branch societies as well as the parent society to be published in the *Journal*.

"Publication of the Transactions in book form to be suspended. (See Transactions, p. 25).

I would also call your attention to the provision for a Prize Essay as set forth on pp. 39 and 40 of the Transactions. It is hoped that many will enter this contest. The essays must be in the hands of the Secretary by March 1st.

Now, Doctor, let us make the issue personal. Are you a member of the State Society? If not will you not become one and attend the Memphis meeting? With very few exceptions each individual member can arrange for a short leave of absence at this time if he will. Surely no more important occasion will arise during the entire year. Shall I reserve a place on the program for you?

An early response with title of essay will be appreciated. Please do not wait for a second invitation.

Sincerely,

A. B. COOKE, M.D., Secretary, 161 N. Cherry St.

A COMMUNICATION FROM THE COMMITTEE ON COUNTY MEDICAL SOCIETIES.

To the Members of the Tennessee State Medical Society, and all Regular Practitioners of Medicine in Tennessee:

GENTLEMEN: At the reorganization of the American Medical Association at its last meeting in June 1901 at St. Paul, Minn., the County

Medical Society was made the unit of representation. To become a member of this organization now, a physician must be a member of a County Society, and a certificate signed by the Secretary and President of any County Society in affiliation with the State Society will hereafter be all the credentials required for Permanent Membership in the National Medical Association. Furthermore, this will insure the most thorough and perfect organization of the Medical Profession that has yet been attained.

In order that we, in so progressive and important a State as ours, so long and widely known for its every movement along advanced lines, may be fully in line and harmony with the National Association, our members, and all Regular Practitioners of Medicine throughout the State, should at once, in Counties where County Societies have not been organized, take the necessary steps by assembling at some place in the County, and adopting a Constitution and By-Laws, and forward a copy of same to the Secretary of the Tennessee State Medical Society for approval at the meeting in Memphis, April 8th, 9th and 10th, prox., their duly appointed delegates being present at that meeting if possible, though this is not essential. The Secretary of the State Society will be pleased to furnish all necessary information. This will be found, however, in any recent copy of the State Society's Transactions.

The Committee on County Societies would most respectfully and earnestly urge and request all our members, and all regular practitioners throughout the State to take immediate steps to organize their County Societies in order that they may be admitted to our State Society at its April meeting, and thus their members become eligible to representation and Permanent Membership in the Representative Regular Medical Organization in America.

Very truly and sincerely,

JOS. A. CROOK, M.D., Jackson, Tenn., *Chairman*.

R. W. TATE, M.D., Bolivar, Tenn.

J. W. BRANDEAU, M.D., Clarksville, Tenn.

S. R. MILLER, M.D., Knoxville, Tenn.

REGINALD STONESTREET, M.D., Nashville.

Committee on County Societies.

A. B. COOKE, M.D., Steger Building, Nashville, Tenn.

Secretary Tennessee State Medical Society.

DEERING J. ROBERTS, M.D., President.

February 1st, 1902.

VALUABLE PRIZES OFFERED.

An important circular has been or will be mailed to every physician in the United States giving the details of competition for two prizes, one of *One Thousand Dollars*, and the other of *Five Hundred Dollars* offered by The Maltine Company, Eighth Avenue, Eighteenth and Nineteenth Streets, Brooklyn, N. Y., for the two best Essays on the subject of *Preventive Medicine* in its various relations to the welfare of the human race, either treating the topic in its broadest scope as affected by disease, custom, environment, heredity, etc., or from the view point of the specialist who contends that the most potent factors inimical to mankind result from special conditions which he is enlisted to combat.

Competition is open to graduates of all recognized Medical Colleges.

The judges are Daniel Lewis, A.M., M.D., of New York; Charles A. L. Reed, A.M., M.D., of Cincinnati, and John Edwin Rhodes, A.M., M.D., of Chicago.

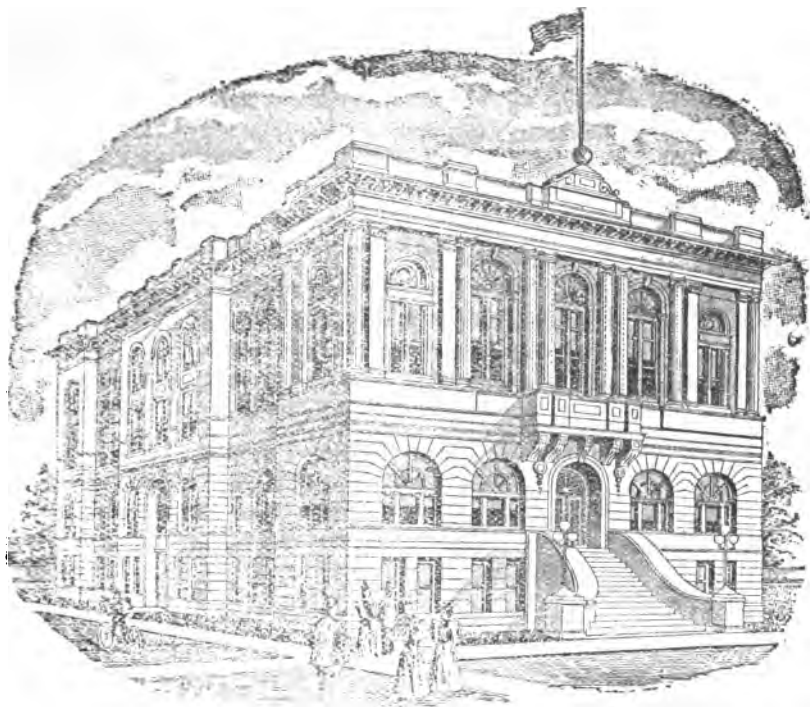
If you have not received the circular apply to The Maltine Company at once.

The prizes are so large, the judges of such high standing, and the conditions governing the competition such as to enable the most ethical of men to compete without compromising themselves. The three judges are not only men of the first rank, but represent different sections of the country and different branches of the profession. Dr. Lewis being a Surgeon and editor of one of the leading medical journals, Dr. Reed a Gynecologist and former President of the American Medical Association, and Dr. Rhodes a purely medical man.

Then again, the subject is such a broad one that every intelligent practitioner, whether he makes a specialty of Surgery, Pediatrics, Gynecology or Internal Medicine, or is simply an all around family doctor, can write upon it.

A LESSON FROM THE MASTERS.—The study of the practice and teachings of the really great men in medicine is a fruitful source of knowledge and practical guidance in the management of disease. Two principles are clearly recognizable; first, that nature possesses the ability to successfully combat the acute infectious diseases without the necessity of resort to powerful drugs for the relief of symptoms; second, that treatment is most successful which is most simple and which has for its object the reinforcement of nature's methods of antagonizing the encroachment of the disease processes. The application of these principles constitutes the most successful methods of treating influenza, pneumonia, bronchitis and the numerous winter diseases associated with inflammation of the respiratory organs.

One method of treating these conditions is by administering a powerful and, in truth, a depressing drug for practically every symptom, e. g. opium in some form, to control cough, a cardiac and metabolic depressant



VANDERBILT UNIVERSITY,

MEDICAL DEPARTMENT.

SESSION OF 1901-1902.

FACULTY.

J. H. KIRKLAND, A.M., Ph.D., LL.D., Chancellor.

WILLIAM L. DUDLEY, B.S., M.D., DEAN,
Professor of Chemistry and Toxicology.

G. C. SAVAGE, M.D., Professor of Diseases
of the Eye, Ear, Throat and Nose.

DUNCAN EVE, A.M., M.D., Professor of
Surgery and Clinical Surgery.

J. A. WITHERSPOON, M.D., Professor of
Practice of Medicine and Clinical Medicine.

THOMAS MENEES, M.D., Emeritus Pro-
fessor of Obstetrics.

GEORGE H. PRICE, B.E., M.S., M.D.,
Sec'y., and Professor of Physiology.

OWEN H. WILSON, B.E., M.D., Professor of
Anatomy, and Clinical Lecturer on
Pediatrics.

W. H. WITT, A.M., M.D., Professor of
Materia Medica and Therapeutics.

LOUIS LEROY, M.D., Professor of Histology,
Pathology and Bacteriology.

W. FRANK GLENN, M.D., Clinical Pro-
fessor of Genito-Urinary and Venereal
Diseases.

G. P. EDWARDS, M.D., Clinical Professor
of Neurology, Dermatology, and Electro-
Therapy.

J. T. ALTMAN, M.D., Professor of Obstet-
rics.

RICHARD A. BARR, M.D., Adjunct Pro-
fessor of Abdominal Surgery.

LUCIUS E. BURCH, M.D., Adjunct Pro-
fessor of Gynecology.

A. B. COOKE, M.D., Professor of Proctology.

There will be no preliminary session this year. The regular session opened October the 1st. All matriculants must have attended four full courses of graded instruction before applying for graduation. Certificates from other reputable colleges will be accepted, and advancement will be given accordingly. Students with diplomas from recognized literary institutions will be permitted to enter the second-year class.

Methods of instruction: Didactic, Clinical, by recitation and in laboratories.

The facilities for teaching are ample. In addition to the regular faculty there are numerous lecturers and assistants. For catalogue or special information address.

GEO. H. PRICE, M.D., Secretary,

800 1-2 Church Street, Nashville, Tenn.

PETER'S PEPTIC ESSENCE COMP.

A POWERFUL DIGESTIVE FLUID IN PALATABLE FORM.

Please note that Essence and Elixir Pepsin contain only Pepsin, while in **PETER'S PEPTIC ESSENCE** we have all the digestive ferments. These are preserved in solution with C. P. Glycerine in a manner retaining their full therapeutic value, which is exerted in and beyond the stomach.

It is a Stomachic Tonic, and relieves Indigestion, Flatulency, and has the remarkable property of arresting vomiting during pregnancy. It is a remedy of great value in Gastralgia, Enteralgia, Cholera Infantum and intestinal derangements, especially those of an inflammatory character. For nursing mothers and teething children it has no superior. Besides mere digestive properties, Pepsin and Pancreatine have powerful soothing and sedative effects, and are therefore indicated in all gastric and intestinal derangements, and especially in inflammatory conditions. It is perfectly miscible with any appropriate medium. In certain cases the addition of Tr. Nux Vomica gives much satisfaction. Please write for Peter's Peptic Essence Comp., and you will not be disappointed.

These preparations are held strictly in the hands of the medical profession, never having been advertised as popular remedies, nor put up with wrappers and circulars expatiating on the use of the Hypophosphites or Digestives, thus educating the public in the use of these valuable compounds. **Samples Sent upon Application. Express Charges at Your Expense. For Sale by all Wholesale Druggists.**

SYRUPUS ROBORANS.

SYRUP HYPOPHOSPHITES
COMP. WITH QUININE.
STRYCHNINE AND MANGANESE.

Dear Arthur Peter & Co
Louisville Ky

Gentlemen, The excellence of your preparation
"Syrupus Roborans" and Peptic Essence
compounds cannot be questioned.
I use both in my practice and
have always been pleased with the
Effect of Each. Respectfully,
Jm Mathew. M.D. F.S.D.

Prof. of Surgery, and diseases of Rectum, Hos. Col. of Med.; EX-PRES. AM. MED.
ASS'N, and Miss. Valley Med. Ass'n.; Ky. State Board of Health.

ARTHUR PETER & CO., LOUISVILLE, KENTUCKY.

to reduce fever, stomach-disturbing remedies as expectorants, etc. This plan of treatment is, authorities assert, antiquated, irrational and ineffective. On the contrary it is a matter of absolute fact, proven by experience, that if a patient with pneumonia, influenza, severe bronchitis, is properly nursed, given adequate easily assimilated nourishment and be given Gray's Glyc. Tonic Comp. in desert to tablespoonful doses every three or four hours, that patient will withstand the attack much better and be surprisingly free from the pronounced depression which accompanies and succeeds these diseases. This plan of treatment has also the great advantage that the patient is spared the baneful effects of excessive drugging.

Gray's Tonic not only fortifies the patient's strength, aids digestion and assimilation, but has an unquestionable influence in palliating the symptoms of respiratory inflammation.

GRIPPAL COUGH, LARYNGITIS, BRONCHITIS.—In these affections, antikamnia is indicated for two reasons: First, because of its absolute power over pain; at once removing this element of distress and placing the whole system in the best possible condition for a speedy recovery. And second, because of its power to control inflammatory processes, lowering the fever by its peculiar action on the nervous system. Codeine is strongly indicated because of its power as a nervous quietant, often quickly and completely controlling the cough. In nervous coughs, irritation of the throat, laryngitis, bronchitis and phthisis, where the cough is altogether out of proportion to the amount of expectoration, Antikamnia-Codeine tablets will give prompt satisfaction. In fact, in cases of nervous coughs, irritable throat, so commonly attendant upon influenza and la grippe, as well as in sub-acute laryngitis, and slight bronchitis, this tablet alone will often so control the cough that the disease rapidly subsides. This is not strange when we remember that nothing could keep up this irritation more than constant coughing. In the more severe cases of bronchitis and in phthisis, the patient is not only made more comfortable, but the disease itself is brought more directly under control by checking the excessive coughing, relieving the pain and bringing the temperature down to the normal standard.

HUEPPE AND KOCH.—The two schools of thought on questions bacteriological are well represented at present by the distinguished investigators Hneppe and Koch. Both men are deeply versed in bacteriology and physiological chemistry. Hueppe emphasizes the importance of the perfect health of the body cell—and the special treatment of the body cell as a means of frustrating the attacks of germ life. Koch emphasizes the importance of destroying entirely all germ life so that there will be no attack.

Of course both men are right. We must destroy all the germ life we can. But since a war of extermination of disease germs is impracticable at present the physician finds a more profitable field for his exertions in preparing the body cells to resist and throw off the attack of germ disease. It is no doubt by this sort of special preparation of the lung cells that hypophosphites and cod liver oil do so much to prevent the progress of the tubercular organism. Scott's Emulsion containing both the cod liver oil and the hypophosphites is a good example of those therapeutic agents which bring immunity by reinforcing cell life.

NEW JERSEY STATE PRISON HOSPITAL, TRENTON, January 4, 1902.
MARTIN H. SMITH Co., No. 68 MURRAY ST., NEW YORK:

Being constantly in the treatment of a considerable number of Phthisical Hospital Patients, it is in order for me to state, that in the persistent cough so harassing to the patient, and preceding or accompanying Pulmonary Hemoptyses or Hemorrhage, I have found "Glyco-Heroin" (Smith) an invaluable remedy, applicable in the vast majority of cases of Phthisis Pulmonalis, and far preferable to combinations of Morphia or Codeia or any other of the Heroin compounds which I have tested.

Under above conditions Glyco-Heroin (Smith) may be satisfactorily relied on to answer indications.

I also find this happy combination exceedingly valuable in the troublesome, dry, so-called Stomach Cough following La Grippe, and supposed to be dependent on irritation of the Pneumo Gastric Nerve.

CHARLES BREWER, Resident Physician, N. J. State Prison.

(We can but regret that in our four years' experience in the Tennessee State Penitentiary in the early part of the '80's, we did not have the advantage of such an excellent preparation that we have found to be so valuable in just such cases as cited by Dr. Brewer.—ED. S. P.)

I HAVE no hesitation in saying that I consider Peacock's Bromides invaluable and have for years used it exclusively in my Sanatorium where bromides were indicated. Commercial Bromides are crude and rank as compared with Peacock's. The greatest danger of injury to the patient and the product lies in substitution. I now only buy from my wholesale druggist in dozen lots.

ALLAN NOTT RING, M.D.

Arlington Heights, Mass.

I AM more than pleased with the physiological action of Seng in the treatment of chronic indigestion. It seems to nicely restore the action of the stomach, re-establish perfect digestion and its good effect is quickly evidenced by the general improved appearance of the patient.

J. CARL LUDWIG, M.D.

Cincinnati, Ohio.

DOCTOR, I will sell my eye and ear practice here which is paying over \$500.00 a month. Business new, clean and up-to-date. If you can handle the work and are looking for something in this line, it will pay you to investigate.

DR. SEYMOUR,
1013 Texas Avenue, Houston, Tex.

SMALL-POX.—Write to Messrs. Battle & Co., 2001 Locust Street, St. Louis, Mo., and they will send you a little pamphlet containing some very valuable information; not only as to its treatment but as to securing immunity from so troublesome and unpleasant a disease. The statements made by a number of practical observers are well worth consideration.

Reviews and Book Notices.

ANATOMY, DESCRIPTIVE AND SURGICAL. By HENRY GRAY, F. R. S., Lecturer on Anatomy at St. George's Hospital, London. Thoroughly revised American from the Fifteenth English Edition. In one imperial octavo volume of 1,246 pages, with 780 illustrations. Price, with illustrations in black, cloth, \$5.50 net; leather, \$6.50 net. Price, with illustrations in colors, cloth, \$6.25 net; leather, \$7.25 net.

A revision of Gray's Anatomy interests every student of medicine. It is a perennial favorite, and with good reason. Henry Gray was doubly a genius, being equally a born anatomist and a born teacher. His methods of presenting anatomical knowledge in text and picture were such a conspicuous and rational advance in his first edition that it instantly won the foremost place, which has never since been disputed.

The foremost anatomists have been engaged in the many successive revisions, of which the present is perhaps the most thoroughgoing. Every page has been scrutinized and whole sections written, notably those on the Brain, Spinal Cord, Nervous System and Viscera. The magnificent and unique series of illustrations has been enriched with 231 new engravings, and the use of colors has been greatly increased.

Thus this great work is again brought to date with lavish expenditure of labor and money. It is probably the cheapest of all products of the press, considering the fact that it contains the ripest anatomical knowledge of the world and presents it with an unequalled wealth of illustration.

The *new century* edition is most heartily commended with the absolute confidence that it will be found well worthy in every respect to maintain that exalted position which this truly standard and most complete work has for so many years peculiarly enjoyed as the most convenient and intelligible exposition of its important subject, the corner-stone in the foundation of medical and surgical science and art.

A TEXT-BOOK OF THE PRACTICE OF MEDICINE. By DR. HERMAN EICHHORST, Professor of Special Pathology and Therapeutics and Director of the Medical Clinic in the University of Zurich. Translated and edited by AUGUSTUS A. ESHNER, M.D., Professor of Clinical Medicine in the Philadelphia Polyclinic. Two octavo volumes of over 600 pages each; over 150 illustrations. Philadelphia and London: W. B. SAUNDERS & Co., 1901. Price per set, Cloth, \$6.00 net.

The Germans lead the world in internal medicine, and among all German clinicians no name is more renowned than that of the author of this work. Dr. Eichhorst stands to-day among the most eminent authors of the world, and his Text-Book of the Practice of Medicine is probably the most valuable work of its size on the subject. The book is a new one, but on its publication it sprang into immediate popularity and is now one of the leading text-books in Germany. It is practically a condensed edition of the author's great work on Special Pathology and Therapeutics, and it forms not only an ideal text-book for students, but a practical guide of unusual value to the practicing physician. As the essential aim of the physician will always be the cure of disease, the fullest and most careful consideration has been given to treatment.

A LABORATORY COURSE IN BACTERIOLOGY. For the use of Medical, Agricultural, and Industrial Students. By FREDERIC P. GORHAM, A.M., Professor of Biology, Brown University; Bacteriologist to the Health Department, Providence, R. I. 12 mo. volume of 193 pages, with 97 illustrations. Philadelphia and London: W. B. SAUNDERS & Co., 1901. Cloth, \$1.25 net.

Courses in bacteriology are no longer confined to the medical schools, but are being introduced into colleges and agricultural and industrial schools. This volume has been prepared as a guide to the practical details of laboratory work. It is intended to present the subject in such a general way as to lay a broad

foundation for later specialization in any branch of bacteriology. By a judicious selection the course can be made to conform to the requirements of medical, agricultural, or industrial students.

A TEXT-BOOK OF MEDICINE FOR STUDENTS AND PRACTITIONERS. By DR. ADOLF STRUMPELL, Professor and Director of the Medical Clinique of the University of Erlangen. Third American Edition, Translated by Permission from the Thirteenth German Edition. By HERMAN F. VICKERY, A.B., M.D., Instructor in Clinical Medicine, Howard University; Visiting Physician to the Massachusetts General Hospital, etc., and Philip Coombs Knapp, A.M., M.D., Clinical Instructor in Diseases of the Nervous System in Harvard University; Physician for Diseases of the Nervous System, Boston City Hospital, etc., with Editorial Notes by Frederick C. Shattuck, A.M., M.D., Jackson Professor of Clinical Medicine, Harvard University; Visiting Physician to the Massachusetts General Hospital, etc. 8vo. Cloth, pp. 1242, with 185 Illustrations and one Plate. D. APPLETON & Co., Publishers, New York, 1901.

Dr. Strumpell's most excellent work has been translated into English, French, Italian, Spanish, Russian, Modern Greek, Turkish and Japanese; some of these translation passing through several editions. We have long regarded it as the best work from the European standpoint, thorough, complete, practical and eminently conservative.

The author has most successively and satisfactorily brought his thirteenth edition up to the level of contemporary thought and knowledge. Large portions have been rewritten, gastric diseases, biliary concretions, intestinal parasites, etc., receiving especial attention. Almost all portions of the work have been benefited by material additions and improvements.

The translators have done their work most excellently and have kept as close to the original as seemed consistent with clearness and practical understanding. The additions made, the translators signed with their initials, and as well as the very important ones for the American reader by Dr. Shattuck are enclosed in brackets.

We have not had time to go over the entire work thoroughly; however, we note that the author ignores the mosquito net as a prophylactic for malaria, and the five lines interpolated in the interest of the *anopheles* by Dr. Vickery is somewhat handicapped by the subsequent statements of Dr. Shattuck.

The mechanical execution of the work is fully in keeping with the well established reputation of the Appleton press.

A TEXT-BOOK OF DISEASES OF WOMEN. By CHARLES B. PENROSE, M.D., Ph.D., formerly Professor of Gynecology in the University of Pennsylvania. Fourth Edition, Revised. Octavo volume of 539 pages, handsomely illustrated. Philadelphia and London: W. B. SAUNDERS & Co., 1901. Cloth, \$3.75 net.

Dr. Penrose presents the best teaching of modern gynecology, untrammelled by antiquated ideas and methods. In most instances only one plan of treatment is described. This is a great advantage, since it prevents confusion on the part of the reader and also gives space for carefully detailed instruction in the methods recommended. In every case the most modern and progressive technique is adopted, and the main points are made clear by excellent illustrations.

The new edition has been carefully revised, much new matter has been added, and a number of new original illustrations have been introduced. In its revised form this volume continues to be an admirable exposition of the present status of gynecologic practice in this country.

A TEXT-BOOK ON PRACTICAL OBSTETRICS. By EGBERT H. GRANDIN, M.D., Gynecologist to the Columbus Hospital; Consulting Gynecologist to the French Hospital; Late Consulting and Obstetric Surgeon of the New York Maternity Hospital; Late Obstetrician of the New York Infant Asylum; Fellow of the American Gynecological Society, of the New York Academy of Medicine, of the New York Obstetrical Society, etc., with the collaboration of GEORGE W. JARMAN, M.D., Gynecologist to the Cancer Hospital; Instructor in Gynecology in the Medical Department of the Columbia University; Late Obstetric Surgeon of the New York Maternity Hospital; Fellow of the American Gynecological Society, of the New York Academy of Medicine, of the New York Obstetrical Society, etc. Third Edition, Revised and Enlarged. Illustrated with Fifty-two Full-Page Photographic Plates and One Hundred and Five Illustrations in the Text. 6½x9½ inches. Pages xiv-511. Extra Cloth, \$4.00, net; Sheep, \$4.75, net. F. A. DAVIS COMPANY, Publishers, 1914-16 Cherry Street, Philadelphia.

The facts on which obstetric practice is founded are very clearly stated in this excellent treatise, and the authors are very



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justly worthy of high commendation for their eminently practical work. This edition has been enlarged by the addition of a very important chapter dealing with the anatomy of the female organs of generation and with embryology. This has been made as concise as possible and consistent with clearness. As we have called attention some five years ago to the first edition of this valuable addition to obstetric literature in positive terms, subsequently going to the comparative degree in our mention of the second edition, we are limited to the superlative in this edition, which position it will easily maintain until further developments occur in obstetric practice. "*Good wine needs no bush.*"

HOLDEN'S ANATOMY, A MANUAL OF THE DISSECTION OF THE HUMAN BODY. Edited by JOHN LANGTON, Surgeon to and Lecturer on Anatomy at St. Bartholomew's Hospital; Member of the Board of Examiners, Royal College of Surgeons, England, etc. Seventh Edition. Revised by A. Hewson, M.D., Demonstrator of Anatomy Jefferson Medical College; Surgeon to St. Timothy's Hospital, etc., in two volumes. Vol. I. Scalp, Face, Orbit, Neck, Thorax, Upper Extremities, pp. 455, with 153 Illustrations; Vol. II. Abdomen, Lower Extremities, Brain, Eye, Ear, Mammary Gland, Scrotum and Testis, pp. 388, with 167 Illustrations. P. BLAKISTON'S, SON & Co., Publishers, 1012 Walnut Street, Philadelphia, 1901.

The original edition appeared half a century ago, yet Holden's still exist, and with the aid of its editor and the revision of Dr. Hewson is as fresh, lucid, practical and serviceable as ever. A concise and accurate account is given of all the parts of the human body, with the exception of the bones, a knowledge of which is essential before entering the dissecting room. The several regions of the body are considered in the order most suitable for their examination; the muscles, vessels and nerves described as they are exposed in the process of dissection.

The entire work has been carefully revised, recent cuts substituted for older ones, together with additional matter, rendering it thoroughly up-to-date.

THE PATHOLOGY AND TREATMENT OF SEXUAL IMPOTENCE. By VICTOR G. VECKI, M.D. Third Edition. Revised and Enlarged. 12mo, 329 pages. Philadelphia and London: W. B. SAUNDERS & Co., 1901. Cloth, \$2.00 net.

The reading part of the medical profession of America and

England has passed judgment on this monograph. The whole subject of sexual impotence and its treatment is discussed by the author in an exhaustive and thoroughly scientific manner. The former edition was exhausted in less than two years. In this edition the book has been thoroughly revised, and the new matter has been added, especially to the portion dealing with treatment.

It is a well-written, scientific work, and can be recommended as a scholarly treatise on the subject.

MANUAL OF MEDICINE. Edited by W. H. ALLCHIN, M.D., Lond., F. R. C. P., F. R. S., Ed., Senior Physician and Lecturer on Clinical Medicine, Westminster Hospital; late Examiner in Medicine in the University of London for the R. C. P.; and to the Medical Department of the British and Indian Army Medical Services. Vol. III. Price, \$2.00 8vo. Cloth, pp. 417. The MACMILLAN COMPANY, Publishers, New York and London, 1901.

Vol. III. of Allchin's most excellent Manual of Medicine is devoted to Diseases of the Nervous System. The contributors to this volume, as to the preceding ones embrace the ablest authorities on the subjects treated to be found in the "tight little sea-girt isle;" and any of our friends who desire to obtain the latest advances in the lines of practice as developed by our English conferees, will find no better opportunity. Quite a number of illustrations and colored plates embellish and elucidate the text.

We can and do most heartily commend the work, and anyone will find it a most valuable addition to his library. The three volumes are compact and handy for the tired doctor, and we know will be appreciated. The mechanical execution of the work is of the best throughout the three volumes.

A MANUAL OF THE PRACTICE OF MEDICINE. By GEO. ROE LOCKWOOD, M.D., Professor of Practice in the Woman's Medical College of the New York Infirmary. Second Edition, Revised and Enlarged. Octavo volume of 847 pages, with 79 illustrations and 20 full-page plates. Philadelphia and London: W. B. SAUNDERS & COMPANY, 1901. Cloth, \$4.00 net.

This work presents the essential facts and principles of the practice of medicine in a concise and available form, adapted to meet the requirements of those who heretofore have been obliged to resort to the larger works of reference.

The entire book has been subjected to a thorough revision. Many portions have been entirely rewritten and a number of subjects have been introduced. Among the new sections may be mentioned Bubonic Plague, Gastropotosis, Gastric Analysis, and Reichmann's Disease. The subject of Malaria has been entirely rewritten. The section on Diseases of the Digestive System has also been largely rewritten, especially the following subjects: Gastritis, Dilatation of the Stomach, Gastric Atony, Ulcer of the Stomach, Gastric Neuroses, Enteritis, Colitis, etc.

The descriptions of diseases and their treatment given are terse and clear, and the work gives in a most concise manner the points essential to treatment usually enumerated in the most elaborate works.

DOSE-BOOK AND MANUAL OF PRESCRIPTION-WRITING, with a List of the Official Drugs and Preparations, and the more important Newer Remedies. By E. Q. THORNTON, M.D., Demonstrator of Therapeutics, Jefferson Medical College, Philadelphia. Second Edition, Revised and Enlarged. Octavo, 362 pages, illustrated. Philadelphia and London: W. B. SAUNDERS & Co., 1901. Bound in flexible leather, \$2.00 net.

In this revision additions have been made to the chapters on "Prescription-Writing" and "Incompatibilities," and references have been introduced in the text to the newer curative sera, organic extracts, synthetic compounds, and vegetable drugs. To the Appendix, chapters upon Synonyms and Poisons and their antidotes have been added.

As in the former edition, this volume will be a valuable work of reference for the practitioner, full of practical suggestions. To the student such a book is indispensable.

FIRST AID TO THE INJURED AND SICK. By F. J. WARWICK, B.A., M.B. Cantab., Associate of King's College, London; Surgeon-Captain, Volunteer Medical Staff Corps, London Companies, etc.; and A. C. Tunstall, M.D., F. R. C. S. Ed., Surgeon-Captain Commanding the East London Volunteer Brigade Bearer Company; Surgeon to the French Hospital and to the Children's Home Hospital, etc. 16mo volume of 232 pages and nearly 200 illustrations. Philadelphia and London: W. B. SAUNDERS & Co., 1901. Cloth, \$1.00 net.

This volume of practical information is intended as an aid in rendering immediate temporary assistance to a person suffering

from an accident or sudden illness until the arrival of a physician.

It will be found a most useful book of ready aid, and of invaluable service, not alone to nurses, railway employes, etc., but also to the laity in general, as a book of indispensable first aids.

A LABORATORY HANDBOOK OF PHYSIOLOGIC CHEMISTRY AND URINE-EXAMINATION. By CHARLES G. L. WOLF, M.D., Instructor in Physiologic Chemistry, Cornell University Medical College, New York. 12mo volume of 190 pages, fully illustrated. Philadelphia and London: W. B. SAUNDERS & Co., 1901. Cloth, \$1.25 net.

The object of this book is to supply to students and practitioners of medicine a guide to a course in physiologic chemistry and the examination of the urine and the contents of the stomach. The first part of the book is taken up with simple exercises in physiologic chemistry, which will give an elementary insight into the chemical side of physiologic processes.

In the part of the book which deals with the urine and the gastric contents, no tests have been given which do not rest on a good chemical foundation. The aim has been to give as few tests as possible, and these to be chosen for their suitability to purely clinical needs. No operations are described which have not undergone a thorough trial with students in the laboratory.

SAUNDERS' MEDICAL HAND-ATLASES—ATLAS AND EPITOME OF SPECIAL PATHOLOGIC HISTOLOGY. By Dozent Dr. HERMANN DUECK, of the Pathologic Institute of Munich. Edited by LUDVIG HEKTOEN, M.D., Professor of Pathology in Rush Medical College, Chicago. Vol. II. —Liver; Urinary Organs; Sexual Organs; Nervous System; Skin; Muscles; Bones. With 123 colored illustrations on 60 lithographic plates and 192 pages of text. Philadelphia and London: W. B. SAUNDERS & Co., 1901. Cloth, \$3.00 net.

This volume continues the subject of Pathologic Histology in the Saunders' Series of Hand-Atlases, and is, if anything, even handsomer than its companion volume issued some months ago. As in all the volumes of this well-known series of books, the illustrations are the special feature. The colored lithographs of this volume are beautifully reproduced, and are extremely accurate representations of the microscopic changes produced by disease. The great value of these plates is that they represent in the exact colors the effect of the stains which are of such great for the importance of differentiation of tissue.

The text portion of the book is admirable, and, while brief, it is entirely satisfactory in that the leading facts are stated, and so stated that the reader feels he has grasped the subject extensively. The work is modern and scientific, and altogether forms a concise and systematic view of pathological knowledge.

SAUNDERS' MEDICAL HAND-ATLASES—ATLAS AND EPITOME OF BACTERIOLOGY. A text-book of Special Bacteriologic Diagnosis. By Professor Dr. K. B. LEHMANN, Director of the Hygienic Institute in Wurzburg; and R. O. NEUMANN, Dr. Phil. and Med., Assistant in the Hygienic Institute in Wurzburg. From the Second Enlarged and Revised German Edition. Edited by GEORGE H. WEAVER, M.D., Assistant Professor of Pathology Rush Medical College, Chicago. In two volumes. Part I, consisting of 632 colored figures on 69 lithographic plates. Part II, consisting of 511 pages of text, illustrated. Philadelphia and London: W. B. SAUNDERS & Co., 1901. Cloth, \$5.00 net.

This work supplies a long-needed want in the field of bacteriology and bacteriologic diagnosis, and proves a most valuable addition to Saunders' Series of Hand-Atlases. As in all the volumes of this commendable series, the lithographic plates are accurate representations of the conditions as actually seen, and this well-selected collection, if anything, is more handsome and useful than any of its predecessors. As an aid in original investigation the value of the work is inestimable.

The text is divided into a general and a special part. The former furnishes a survey of the properties of bacteria, together with the causes of disease, disposition, and immunity, reference being constantly made to an appendix of bacteriologic technic. The special part gives, so far as possible in a natural botanical arrangement, a complete description of the important varieties, the less important ones being mentioned when worthy of notice. The causes of diphtheria and tuberculosis, together with the related varieties, have been given especial attention.

Most praiseworthy is the reformatory tendency in regard to the grouping of varieties of bacteria, the strict division of the system especially, the rational naming of the bacteria, etc. The system of nomenclature is entirely original with the authors and is deserving of the greatest commendation, particularly that of the fission-fungi, which has been handled in a most masterly manner.

As a text-book of bacteriology and bacteriologic diagnosis it is all that could be desired, embracing, as it does, in a comparatively limited space, all the important species and many of the less valuable ones, and discussing them in language concise and easily intelligible.

A TEXT-BOOK OF PHARMACOLOGY. Including Therapeutics, Materia Medica, Pharmacy, Prescription-Writing, Toxicology, etc. By **TORALD SOLLMANN, M.D.**, Assistant Professor of Pharmacology and Materia Medica, Western Reserve University, Cleveland, O. Royal octavo volume of 880 pages, fully illustrated. Philadelphia and London: **W. B. SAUNDERS & Co.**, 1901. Cloth, \$3.75 net.

This work furnishes in a manner suited for reference and study, a scientific discussion and definite conception of the action of drugs, their derivation, composition, strength, and dose. The author bases the study of therapeutics on a systematic knowledge of the nature and properties of drugs, and thus brings out forcibly the intimate relation between pharmacology and practical medicine. Practitioners and students will find the work an admirable guide. The book included the practical subjects of materia medica, pharmacy, prescribing, incompatibility, toxicology, etc. A special chapter has been devoted to toxicologic analysis, including both the inorganic and organic poisons. Pharmaceutic assaying has been given due consideration. There is also a section on laboratory experimentation, which, besides rendering the greatest aid to the student in the laboratory, will serve as a basis for classroom demonstrations. The book will be of the utmost service, not alone to students and practitioners, but also to druggists and everyone interested in the use of medicines.

MANUAL OF DISEASES OF THE EYE, for Students and General Practitioners, with 275 original illustrations, including 36 colored plates. By **CHARLES H. MAY, M.D.**, Chief of Clinic and Instructor in Ophthalmology, College of Physicians and Surgeons, Medical Department Columbia University, New York, pp. 408. Second Edition, Revised. **WILLIAM WOOD & Co.**, Publishers, New York, 1901.

This is a very excellent, concise, practical and systematic manual of the Diseases of the Eye prepared especially for students and general practitioners of medicine. It is not intended to supplant the larger works needed by the student, but for the general practitioner its compact and systematic arrangement will be appreciated. The revision has been careful and thorough. The illustrations enhance the value of the work, making a concise, practical ophthalmoscopic atlas.

Records, Recollections and Reminiscences.

SOME FACTS OF THE HISTORY OF THE ORGANIZATION OF THE MEDICAL SERVICE OF THE CONFEDERATE ARMIES AND HOSPITALS.

BY S. H. STOUT, A.M., M.D., LL.D.,
Ex-Surgeon and Medical Director of the Hospitals of the Confederate
Armies and Department of Tennessee.

(Continued from January Number.)

IX.

No attempt to do justice to the medical officers who served either in the field or the hospitals in the Department of the West and in the Department of Tennessee, could claim to have a truthful aim without rehearsing the achievements and services of Surgeon A. J. Foard, Medical Director on the staff of General Braxton Bragg, on that of General Joseph E. Johnston and of General J. B. Hood. For the successful organization of the medical service in the field and the hospitals of the Department of Tennessee, was effected by his wisdom, untiring attention to duty, his sincere sympathy with the often overworked medical men under his direction, his patience in instructing the many medical men who entered the service without any knowledge of army regulations, and his judicious, careful study of their merits. A strict disciplinarian, his decisions affecting his subordinates, whether favorable or unfavorable to their wishes or their ambitions, were always cheerfully acquiesced in. He never indulged in querulousness; nor ever exhibited anger in his personal or official intercourse.

When it is considered how efficient the medical service in

field and hospital had become ere the war was half over, Dr. Foard's achievements in consummating that efficiency by the wisdom of his rule, under which his subordinates became enthusiastic in the service, he must go down in history as a very great man. For achievements wrought make men great. And he was a good man; for he was helpful and dutiful. In all his intercourse with medical officers of the Confederate armies I never heard him adversely criticised either as an officer or as a private citizen.

For about three years of the war I was in daily official and often in personal intercourse with Dr. Foard. After the war until a short time before his decease, he and I kept up a friendly correspondence, in the course of which we often discussed the subject of the preparation of a history of the medical service in the field and hospitals of the Confederate armies and Department of Tennessee. An agreement was made to prepare jointly that history for publication: But, alas, his death and my own want of leisure, owing to the necessity of bread winning for myself and family, have prevented me from systematically preparing the proposed history for publication.

Now, as I write, nearly thirty-four years since his death, I find the moisture welling up in my eyes. For I loved him while living and cherished the memories of his virtues, his friendship for and confidence in me as among the most grateful of the reminiscences of my long life, whose duration lacks only a few days over two months of being four score years.

Dr. Foard was born in Milledgeville, Ga., where he studied medicine in the office of Dr. White, one of Georgia's most distinguished physicians. In Philadelphia he became a private pupil of Francis Gurney Smith, and graduated M.D. from the Jefferson Medical College. After practicing in civil life for a few years he sought and obtained a commission as Assistant Surgeon in the United States Army, and served in that position about nine years. When his native State seceded he resigned his commission in the army and tendered his services to the Confederacy. The records of his service in the United States Army as regards his official bearing, conduct and medical and surgical skill, were acknowledged by all who knew him in the old army to have been beyond adverse criticism in any, the least particu-

lar. Having tendered his services to the Confederate authorities, he was at once appointed Surgeon, and commissioned as such. He was assigned to duty with General Bragg at Pensacola early in 1861. In that relationship it was his province as medical director to organize the medical service both in field and hospital. Though nearly all of the medical officers of General Bragg's command had never before seen military service, he soon changed confusion into order. When General Bragg's army reinforced General A. S. Johnston prior to the battle of Shiloh Church, the Medical Department under Dr. Foard's direction, was the only one of the several armies there assembled that was well in hand and approximated a thorough organization in conformity with army regulations. This was due to the phenomenal genius of General Bragg and of Dr. Foard as organizers.

After the death of General A. S. Johnston, Dr. Foard became, by seniority of commission, Medical Director of the army under Generals Beauregard, Bragg, Joseph E. Johnston and Hood. He accompanied Bragg into Kentucky, was with him at the battles of Perryville, Murfreesboro and at Missionary Ridge. He was on Joseph E. Johnston's staff during his campaign inaugurated to relieve Vicksburg. At the battle of Chickamauga Surgeon E. A. Flewellen who had been and afterwards when Dr. Foard returned to the Army of Tennessee, was his Assistant, was Medical Director. During the Johnston-Sherman campaign in Georgia in 1864, he was on the staff of General J. E. Johnston. He was with Hood in the battles around Atlanta, and in Tennessee was present at the battles of Franklin and Nashville. Upon his arrival at Montgomery after Hood's Tennessee campaign, he was granted a leave of absence. On his arrival at Augusta, Ga., *en route* to the army, then again under the command of General J. E. Johnson, he heard of the surrender. He was there paroled in company with Surgeon General S. P. Moore.

After the war he settled in the practice of his profession in Columbus, Ga. In 1867 he was elected to the chair of Anatomy in the Washington University, Baltimore, which he filled during the brief time he occupied it with credit to himself and honor to the institution.

Having spent so many years in the open air and on horse-

back, the confinement of his office and untiring studious habits, soon undermined his constitution. After an attack of double pneumonia, which confined him to the sick room for two months, during convalescence he was attacked with excessive and protracted hemorrhages from the lungs, supposed to have been the consequence of previous tubercular deposits. Though a comparative stranger in Baltimore he was anxiously cared for by numerous friends, both male and female. In Charleston, S. C., where he died at 4 P. M., March 8, 1868, aged 39 years, he was affectionately mourned and attended by many of his fair country women, who highly appreciated his services, labors and sacrifices in behalf of the "lost cause" so dear to their hearts.

In a notice of his death in *The Episcopal Methodist* the writer says: "Dr. Foard died in full communion with the Episcopal Church, having some time before his death been confirmed."

I have now completed my sketches of the medical directors with whom I was officially associated during the war, and to whose co-operation and confidence I owe, in a great degree, whatever of success I am accredited to have achieved in the organization of the hospital department, I superintended and directed.

In my next I will resume the narrative of my personal services and experiences, which will be continued to the conclusion of these reminiscences. Of these there is much that is novel in the medical services during the war, object lessons which might be profitably utilized if only they were heeded.

The Hospital Department which I directed, because of the exigencies of the service became the largest known to either the Confederate or Federal service during the four years of the great war between the Confederate States and the United States.

To care for the great number of sick and wounded soldiers often found in the hospitals, taxed the energy and ingenuity of all who served in them as medical officers; and it was often necessary to disregard the letter of the law, as expressed in the "Army Regulations" that the patients might be made comfortable, while at the same time discipline necessary to prevent demoralization and the diminution of effectives for service in the field was preserved and enforced.

**WILL OF THE LATE A. J. FOARD, M.D., MEDICAL
DIRECTOR OF THE ARMY OF TEN-
NESSEE, C. S. A.**

Know all men by these presents that I, A. J. Ford, of the city of Baltimore, State of Maryland, being of sound and disposing mind and memory, do make and publish this as my last will and testament:

First. I hereby appoint my friends, Iverson D. Harris and Samuel G. White, of Milledgeville, Ga., in whose friendship and integrity I have full confidence, my sole executors.

2. I hereby bequeath and devise to my brother, Thomas B. Foard, my watch and one-half of all monies, notes, accounts and other personal property belonging to me, not otherwise disposed of in the will and also one-half of my real estate in Baldwin County, Ga., after the death of my uncle, Abram Foard.

3. I hereby bequeath and devise to the children of my sister, M. E. McCrary, deceased, the remaining half of all monies, notes, accounts and other personal property belonging to me, save that hereinafter mentioned in this will, or otherwise disposed of, and also one-half of my real estate in Baldwin County, Ga., after the death of my uncle, Abram Foard.

4. I hereby will, bequeath and devise to my uncle, Abram Foard, the plantation in Baldwin County, Ga., upon which he resides, to have and to hold the same during the period of his natural life. The property then to revert to my brother and to my sister's children as hereinbefor provided.

5. I hereby will, bequeath and devise to my said uncle, Abram Foard, all the stock, farming implements, corn and other produce save the cotton which must be sold and the proceeds divided equally between my brother and my sister's children.

6. To my well-tried friend, Gen. Joseph E. Johnston, I give and bequeath my sword and belt as an evidence of my respect and regard.

7. I hereby give and bequeath my gun to Gen. R. H. Chilton, of Columbus, Ga., in token of my esteem for him.

8. To Mrs. S. E. Wilkins, of Columbus, Ga., I give and bequeath my two silver goblets.

9. To Mrs. Carpenter (sister of Dr. Clarence Morfet) I

give and bequeath my large silver cup as a slight evidence or my appreciation of her great kindness to me during my last illness.

10. To my friend, Dr. T. A. Stanford, of Columbus, Ga., I bequeath my operating case (General) with the sounds.

11. To my friend, Dr. Edward Warren, I give and bequeath my minor operating case and chain saw.

12. To my dear friend, Dr. J. P. Logan, I give and bequeath all my books (except such as are otherwise disposed of), pocket set of instruments and gutta-percha pencil.

13. To my faithful young friend, J. C. Cook, I give and bequeath my amputating case and dissecting instruments, the former to be delivered to him by Dr. S. G. White as soon as he has taken his degree in medicine, and in the event of his not taking such degree to be the property of Dr. S. G. White.

14. To my young friend, Thomas Mackall, I give and bequeath my field glass used in the army.

15. To my young friend, Dr. Alfred H. Powell, I give and bequeath my shell cigar case.

16. To my young friend, Mary White, of Milledgefield, Ga., I give and bequeath the diamond ring on my watch chain.

17. To my good friend, Mrs. Rowland, of Baltimore, I give and bequeath the pencil presented to me by Gen. Trigg.

18. To my good friend, Mas. Mackall, mother of Thomas Mackall, I give and bequeath my Chinese watch.

19. To my friend, May Herback, of Charleston, S. C., I give and bequeath my silver spoons and forks.

20. To my friend, Charles E. Snowden, I give and bequeath my pearl scarf pin.

21. To my friend, Mr. Joseph E. Johnston, I give and bequeath my napkin ring.

22. I hereby direct my executors to give William Warren, colored, of Baltimore, the sum of \$20, and I desire them also to sell the cotton belonging to me of which Dr. S. G. White, of Milledgeville, Ga., has charge, and to divide the proceeds between my brother and sister's children in equal portions. I also direct them to distribute without delay through Dr. J. Logan, of Baltimore, the articles bequeathed to my personal friends and to see that directions in a private memoranda addressed to them and left in charge of Dr. Logan, are faithfully carried out.

23. In the event of either of the individuals mentioned as my executors, are unwilling to act, then W. G. McKinley, Esq., of Milledgeville, Ga., is designated as a substitute.

(Signed)

A. J. FOARD. [L.S.]

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a safe, trustworthy, non-toxic antiseptic, answering every requirement of the physician and surgeon. In special practice, notably Laryngology and Rhinology, Listerine occupies an unrivaled position by reason of its excellence and wide range of utility.

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It is a perfect tooth and mouth wash, indispensable for the dental toilet*

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Cystitis, Diabetes, Gout, Rheumatism, Hematuria, Bright's Disease, Urinary Calculus, Albuminuria and vesical irritations generally.

Realizing that in many of the diseases in which LAMBERT'S LITHIATED HYDRANGEA has been found to possess great therapeutic value it is of the highest importance that suitable diet be employed, we have prepared for the convenience of physicians

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suggesting the articles of food to be allowed or prohibited in several of these diseases. A book of these Dietetic Notes, each note perforated and convenient for the physician to detach and distribute to patients, together with a pamphlet treating of "RENAL DERANGEMENTS" may be had by addressing:

LAMBERT PHARMACEUTICAL COMPANY. ST. LOUIS.

Prescriptions and Formulary.

ASTHMA BRONCHIALE.—Most successful treatment by pneumatic apparatus and inhalation of ammonium chloride in vapor or solution.

Bronchial asthma, with emphysema: Massage of the chest and respiratory gymnastics. Valuable formulas are:

- (174) Potass. Iodidi..... 15 (4 dr.)
 Decoct. Senegæ200. (6 oz.)
 Syrupi Senegæ, ad.....240. (8 oz.)

Tablespoonful before meals and at bedtime.

- (175) Euquininæ.....0.3 (5 grn.)
 Atrop. Sulph.....0.0005 (1-120 grn.)
 Dionini.....0.025 (2-5 grn.)

Dr. tal. doses No. xii.

One powder three times a day.

For a severe attack:

- (176) Morph. Sulph.....0.18 (3 grn.)
 Atrop. Sulph.....0.08 (1½ grn.)
 Aq. Dest. Steril.....25. (6 dr.)

Twenty drops hypodermically.

When nervousness exists:

- (177) Chloral Hydrat.,
 Potass. Brom., aa..... 6. (1½ dr.)
 Aq. Dest60. (2 oz.)
 Syrupi Aurant., ad.....90. (3 oz.)

Two tablespoonfuls at once. Repeat, if necessary, in two or three hours.

- (178) Extr. Grindeliæ Fl10. (2½ dr.)
 Glycerini Pur.....20. (5 dr.)

Teaspoonful three or four times a day.

GLYCO-HEROIN.

(SMITH)

**Coughs, Bronchitis, Phthisis, Asthma, Laryngitis,
Pneumonia and Whooping Cough.**

Glyco-Heroin (Smith) has passed the scrutiny of both clinical and scientific investigation and its therapeutic value has been well defined and established by prominent men in the profession of medicine.

Each teaspoonful represents one-sixteenth grain Heroin with

**A true exact solution of
Heroin in Glycerine.**

Ammonium Hypophosphite
Hyocysmus.....
White Pine Bark.....
Balsam Tolu.....
Glycerine and Aromatic..

**Permanent and unaltered
through age.**

to enhance the palliative effect of Heroin and to embody decided
curative properties in this preparation.

Glyco-Heroin (Smith) places at the command of the physician and for his convenience a most superb and finished remedy to be accepted and used by him as an ethical preparation with physical characteristics and therapeutic properties far excel all other remedies of the Materia Medica and Pharmacopoea for the treatment of Coughs in all the various forms.

Adult dose—one teaspoonful.

The quantity ordinarily ordered by the physician is two, three or four ounces.

Physicians are requested
to write for samples.

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THROUGHOUT THE UNITED STATES.

MARTIN H. SMITH CO.

68 MURRAY ST., NEW YORK, U. S.



FIG. 3.

No. 36 or 37 (either) have both Square
and Round Bottles.

Busset.....\$16 00
Black.....15 50

Sole Manufacturer of Convertible Case-Bags:



OUR CUT 4.

Black, 37 Bottles.....\$15 50
" 33 "11 50



OUR CUT 5
NO 32 BOTTLE

Black.....\$10 00

Can be changed instantly from Perfect Buggy Case to Saddle Bags, or vice versa. Two Sundries Spaces in each Bag. No tin to
rattle nor rust. Saves Man, Time, Money. Your need. Full circulars of various styles and sizes mailed if asked for. Warranted
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E. B. MARSHALL, 5625 Jackson Ave., Chicago

For Sale by **THEODORE TAFEL, 153 North Cherry Street, Nashville, Tenn**

PRESCRIPTIONS AND FORMULARY.

(179) Tr. Lobeliæ..... 5. (75 min.)

Aq. Amygd. Amar15. ($\frac{1}{2}$ oz.)

Twelve drops every hour until relief.

The combination of fat and iodine named iodipin has lately been used with the greatest success in bronchial asthma with emphysema.

(180) Iodipini90. (3 oz.)

Ol. Menth. Pip.....gtts v. (5 drops)

Teaspoonful three times a day.

The irritating cough in patients affected by asthma bronchiale, especially in emphysematous conditions, should always be attended to. Morphine is to be avoided, if possible. Instead, I recommend one of its derivatives—*e. g.*, dionin.

(181) Dionini0.4 (6 grn.)

Pulv. Ipecac1. (15 grn.)

Amyli.....4. (1. dr.)

Div. in pil No. LX.

From 5 to 10 pills a day, according to need.

Or in solution:

(182) Dionini 0.6 (9 grn.)

Aq. Amyg. Amar.....20. (5 dr.)

From 15 to 20 drops at bedtime.

Heroin will in similar circumstances serve like dionin; but so many reports of its toxic effects have been published that I rather hesitate to recommend it.

Belladonna has a very prominent place in the armamentarium of asthma therapeutics and should always be combined with the other remedies.

(183) Extr. Belladonnæ..... 0.3 (5 grn.)

Glycerini 5. (1 dr.)

Liq. Ammon. Anis.....10. ($2\frac{1}{2}$ dr.)

(Shake well before use.) Fifteen drops every three hours.

(184) Ætheris..... 2. ($\frac{1}{2}$ dr.)

Extr. Belladon 0.05 ($\frac{3}{4}$ grn.)

Aq. Amyg. Amar..... 5. (75 min.)

Syrupi Aurant. Cort 30. (1 oz.)

Aq. Dest., ad.....120. (4 oz.)

Tablespoonful every two hours.

NEW AND EFFICACIOUS.

ERGOAPIOL

SMITH.

ERGO-APIOL

**Amenorrhea, Dysmenorrhea, Fetid, Scanty
and
Retarded Menstruation.**

Put up Expressly for the
Physician's Use, under whose advice
and care they are to be taken.

Apiol—Special M. R. S.
Ergotin.....
Oil Savin.....
Aloin.....

Introduced and ~~Handled~~ as an
Ethical Preparation
only

IN ELASTIC CAPSULES

Put up in capsule form only, packed twenty in a box.

DOSE—One or two capsules, three or four times a day.

Physicians are kindly requested to always order original package when prescribing:

ERGOAPIOL—(SMITH) is lauded a superior preparation because of the Apiol mentioned; a truly and
own—(not the almost inert complex concentration known to you under this name); the excellent and original composition of a
whole; the quality of each ingredient; the great care exercised in its manufacture, and most important

THE THERAPEUTIC RESULTS ACTUALLY OBTAINED.

Physicians are requested
to write for samples.

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THROUGHOUT THE UNITED STATES.

MARTIN H. SMITH CO.
Pharmaceutical Chemists,

Physician's price for complete package, one dollar.

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\$240 [A year in Dividends is what our clients are receiving
from an investment of only \$200, made less than 18
months ago.] [They can sell to-day for

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\$50.00 Invested in 1000 shares of "CASHIER"
will from present showing pay equally as large
profits, in proportion to the amount invested and a larger rate of interest. Mine
now shipping. Smelter returns give \$80 to \$100 per ton.

Write for full particulars, engineer's report, and secure an interest before
the price advances.

BRITISH CANADIAN INVESTMENT & MINING CO.,

P. O. BOX 982.

SPOKANE, WASH.

NEURILLA is a reliable and harmless CALMATIVE.
INDISPENSABLE in the treatment of NERVOUSNESS.

Dose: teaspoonful every hour, or in bad cases every half hour until nervousness is abated,
then, four times a day.—Teething Children:—5 to 20 drops as indicated.

Neurilla contains the essential active principles of scutellaria and aromatics.
DAD CHEMICAL CO., New York and Paris.

PRESCRIPTIONS AND FORMULARY.

In case of severe dyspnea, the following has been recommended:

- (185) Solut. Oxycamphoræ Alco-
 hol. (50 per cent.)..... 10. (2½ dr.)
 Aq. Amyg. Amar. Dest..... 4. (1 dr.)
 Spirit. Vini Gallici..... 20. (5 dr.)
 Aq. Dest., q. s. ad150. (5 oz.)

Tablespoonful three or four times a day.

Also beneficial in dyspneic attacks is the following:

- (186) Potass. Iodidi..... 0.12 (2 grn.)
 Fl. Extr. Euphorb. Pil... gtts. iii. (3 drops)
 Tr. Lobeliæ.. gtts. ii. (2 drops)

Ft. cum saccharo albo massa. Dr. ad. capsulas tal. dos.

No. XII.

Two or three capsules at a dose, two or three times a day.

A sensitive bronchial mucous membrane may be mechanically highly irritated by foreign substances suspended in the air, and in asthmatic subjects the conditions give rise to a certain form named hay-asthma. Pneumo-therapy should first be tried, but if no improvement ensues patient may have to remove to another climate, where the air is purer and the surroundings as hygienic as possible. Menthol-chloroform inhalations or spraying of the nasal mucous membrane with suprarenal extract, with or without local anesthetics, is often of benefit.

Among therapeutic agents used as palliatives we will only mention those most in vogue. Compound stramonium cigarettes are handy and sometimes effective enough. They generally consist of stramonium and lobelia leaves rolled into cigarettes with tissue-paper soaked in saturated solution of salt-peter (potassium nitrate) and tincture of belladonna.

Sometimes the smoking of a good Havana in the beginning of a paroxysm will be of benefit.

Formula for stramonium cigarettes:

- (170) Fol. Stramonii,
 Fol. Hyoscyami, aa.....0.2 (3 grn.)
 Fol. Belladonnæ..0.3 (5 grn.)
 Extr. Opii.....0.015 (¼ grn.)
 Aq. Amygd. Amar., q. s.

The Family Laxative.

The ideal safe family laxative, known as SYRUP OF FIGS is a product of the California Fig Syrup Co., and derives its laxative principles from senna, made pleasant to the taste and more acceptable to the stomach, by being combined with pleasant aromatic syrups and the juice of figs. It is recommended by many of the most eminent physicians, and used by millions of families with entire satisfaction. It has gained its great reputation with the medical profession by reason of the acknowledged skill and care exercised by the California Fig Syrup Co. in securing the laxative principles of the senna by an original method of its own, and presenting them in the best and most convenient form. The California Fig Syrup Co. has special facilities for commanding the choicest qualities of Alexandria senna, and its chemists devote their entire attention to the manufacture of the one product. The name—Syrup of Figs—means to the medical profession “the family laxative, manufactured by the California Fig Syrup Co.,” and the name of the Company is a guarantee of the excellence of its product. Informed of the above facts, the careful physician will know how to prevent the dispensing of worthless imitations when he recommends or prescribes the original and genuine—Syrup of Figs. It is well known to physicians that—Syrup of Figs—is a SIMPLE, SAFE and RELIABLE laxative, which does not irritate or debilitate the organs on which it acts, and, being pleasant to the taste, it is especially adapted to ladies and children, although generally applicable in all cases. Special investigation of the profession invited.

Syrup of Figs is never sold bulk. It retails at Fifty Cents per bottle and the name—SYRUP OF FIGS—as well as the name of the CALIFORNIA FIG SYRUP CO., is printed on the wrappers and labels of every bottle.

CALIFORNIA FIG SYRUP CO.,
SAN FRANCISCO, CAL.
LOUISVILLE, KY. NEW YORK, N. Y.

PRESCRIPTIONS AND FORMULARY.

The inhaled fumes from fumigating pastilles containing similar drugs also prove effective.

Formula for fumigating pastilles:

(171) <i>Herba Lobeliæ</i>	3. (45 grn.)
<i>Cort. Quebracho</i>	8. (2 dr.)
<i>Fol. Stramonii</i>	12. (3 dr.)
<i>Potass. Nitratis</i>	18. (4½ dr.)
<i>Sacch. Alb.</i>	12. (3 dr.)

Div. in partes æquales No. vi e quibus ope folior. *Stramonii* candellæ fumant. form. Dr. stanno foliat. abduct.

Candles for fumigating purposes.

When suspicion of nasal asthma exists, spraying of the nasal cavities with 5 per cent. solution of cocaine or B-eucaine leads to good results. In laryngeal asthma—also in other forms—inhalating repeatedly of pure carbon-dioxide gas for ten minutes has proved to be of great service.

The sovereign palliative in most forms of asthma is doubtless morphine and its derivatives, especially in combination with atropine. Hypodermically 0.015 to 0.02 ($\frac{1}{4}$ to $\frac{1}{2}$ grn.) of morphine sulphate with 0.0004 (1-150 grn.) of atropine sulphate will generally give instant relief. Bimeconate of morphine, 0.015 ($\frac{1}{4}$ grn.) per os leads also to rapid effects in a paroxysm. Here, also, the combination with atropine is highly indicated.

The physician should always bear in mind the possibility of narcotic intoxication and never administer opiates when other means may prove sufficient. Neither should the patient himself be instructed with the administration of morphine or similar narcotics.

When the heart is in reliable condition, and this must always be ascertained, chloral hydrate may be administered with good results.

(172) Chloral. Hydrate.....	6. (1½ dr.)
<i>Aq. Dest.</i>	60. (2 oz.)
<i>Syrupi Aurantii, ad</i>	90. (3 oz.)

Two tablespoonfuls at a dose, two or even three times a day, as a preventive.

In nervous conditions potassium bromide in the same dose as

THE ANTIKAMNIA CHEMICAL COMPANY'S MEDICINAL CONSTELLATION

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PRESCRIPTIONS AND FORMULARY.

the chloral may be added to this prescription. In very severe cases more heroic combinations are recommended as effective.

[173.] Morph. Hydrochlor.....0.015 [$\frac{1}{4}$ grn.]
 Strychn. Sulph.....0.0015 [1-40 grn.]
 Hyoscine Hydrobrom.....0.0003 [1-200 grn.]

For hypodermic administration. If necessary, repeat once—but in most attacks such a dose has proven to be sufficient.—
Merck's Archives.

TREATMENT OF PERTUSSIS.—H. H. Haralson, as stated in the *Monthly Cyclopedia of Pract. Med.*, recommends for a child 2 years of age, two drops of the tincture of belladonna three or four times daily, and gr: 1-150 to gr. 1-80 of heroin every four or five hours. The two remedies may be combined in one prescription, as follows:

R. Heroin hydrochlorid.....gr. $\frac{1}{8}$ to $\frac{1}{4}$
 Tinct. belladonnæ.....3ss
 Spts. frumenti.....3as
 Syr. simplicis q. s. ad.....3ii
 M. Sig.: One teaspoonful every five or six hours.

TREATMENT OF CHILBLAINS.—The following is recommended in the form of a linament:

R. Olei rosmarini
 Olei camphoratæ
 Sol. plumbi subacetatis, aa.....3i

M. Sig.; Apply locally to the affected parts.

Morgens recommends the following:

R. Tinct. iodi.....3ii
 Acidi tannici.....3i
 Collodii.....3x

M. Sig.: Apply locally.

In chilblains when the skin is broken, the following is recommended by the *Western Druggist*:

A New Antiseptic Emulsion

FIROLYPTOL [TILDEN'S]

NOTHING SIMILAR OR EQUAL TO IT.

FORMULA :

Eucalyptol.....	gtt. x.
Ol. Gossypii Sem. Purificat. (pancreatized)	3 ss
Firweïn (modified).....	qs. ad. 3j.
Beechwood Creosote	10 minims to f 3

This preparation is attracting a great deal of favorable comment among the members of the medical profession. It is easily assimilated, acceptable to the most delicate stomach, possesses all the advantages and none of the disadvantages of cod liver oil.

SAMPLES AND LITERATURE ON APPLICATION.

For Physician's Prescriptions only.

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WHEELER'S GLYCERITE OF TISSUE PHOSPHATES.

WHEELER'S COMPOUND ELIXIR OF PHOSPHATES AND CALISAYA.—A Nerve Food and Nutritive Tonic for the Treatment of Consumption, Bronchitis, Scrofula and all forms of Nervous Debility.

This elegant preparation combines in an agreeable Aromatic Cordial, in the form of a glycerite available to the most Irritable Conditions of the Stomach, Bone-Calcium Phosphate $\text{Ca}_3\text{P}_2\text{O}_4$, Sodium and Phosphate Na_2HPO_4 , Ferrous Phosphate, $\text{Fe}_2\text{P}_2\text{O}_4$, Trihydrogen Phosphate H_3PO_4 , and the Principles of Calisaya and Wild Cherry.

The special indication of this combination of phosphates in spinal affections, caries, necrosis, unfractures, marasmus, poorly developed children, retarded dentition, alcohol, opium, tobacco habits, indigestion and lactation to promote development, etc., and as a physiological restorative in sexual debility and all used-up conditions of the nervous system and should receive the careful attention of all therapeuticists.

Notable Properties.—As reliable in dyspepsia as quinine in ague. Secures the largest percentage of benefits in consumption and other wasting diseases by determining perfect digestion and assimilation of food. When using cod-liver oil may be taken without repugnance. It renders successful in treating chronic diseases of women and children, who take it with pleasure for protracted periods, a factor essential to maintain the good will of the patient. Being a tissue constructive, it is the best general utility preparation for tonic restorative purposes we have, no mischievous results resulting when exhibited in any possible morbid conditions of the system.

When strychnia is desirable, use the following:

R. Wheeler's Tissue Phosphates, one bottle; Liquor Strychnia, half fluid-drachm. M. In dyspepsia with constipation, all forms of nerve prostration; and a good pick-me up for daily use in conditions of low vitality.

Dose.—For an adult, one tablespoonful three times a day; after eating; from seven to twelve years of age, one dessertspoonful; from two to seven, one teaspoonful. For infants, from five to twenty drops according to age. Prepared at the chemical laboratory of T. B. WHEELER, M.D., MONTREAL, B. C.

To prevent substitution, it is put up in pound bottles only and sold by all druggists.

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PHYSIOLOGICALLY & BACTERIOLOGICALLY TESTED.

I have used your Glycerinated Aseptic Vaccine for the first time. The results are the most wonderful I have ever seen since I have been practicing medicine (some nineteen years). Every tube gave a successful result without the usual sore arm. I cordially congratulate you upon your perfect product.

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PARKE, DAVIS & CO.
ASEPTIC VACCINE

The most successful vaccination is not the vaccination that inflicts the most suffering upon the patient.

Hideous eruptions are not proofs of superiority in the vaccine virus that produces them.

The *best* virus is our Aseptic Vaccine. It effectually protects against smallpox—it does not infect with disease-breeding organisms.

Not a single fatality was ever charged to our Vaccine Virus.

We have it, glycerinated, in sealed glass capillary tubes, each holding sufficient for one vaccination, in cases of ten tubes and three tubes, with small rubber bulb to expel the contents; also in points, in boxes of ten, each point enclosed in an impervious envelope.

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